



CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1945

BY THE

MEDICAL OFFICER OF HEALTH

With

Dr. W. G. Clark's

Compliments.



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PUBLIC HEALTH DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH, *August 1946.*

To

*The Department of Health for Scotland and
The Right Honourable the Lord Provost,
Magistrates and Council of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1945.

1. End of the War.—The year was noteworthy for the cessation of hostilities and a consequent easing of the mental anxiety of individuals and a lessening of the strain on public services. Throughout the war the health of the City and indeed of the country as a whole, caused less anxiety than could have been expected having regard to the hardships which had to be faced. Our rationing system maintained a reasonable nutritional level, and not only did food plans ensure fair distribution but they proved flexible enough to meet emergencies caused by sudden movements of population, and were directed in such a way that the war effort did not slacken. Other favourable factors in our wartime experience were the background of sound social services, and the way in which these were supplemented by voluntary effort.

Nevertheless, the war brought unwelcome legacies that may influence health in the future. Foremost was the cessation of work on new houses, schools, hospitals, clinics, and all the other building projects that had to wait while war was waged. Food problems are probably more acute now than they were in wartime and may remain so for many months to come.

These factors will tell against health if they are not mitigated. In Edinburgh during 1945 infant mortality dropped to 50 per thousand births—the lowest ever recorded, and one per thousand less than in the previous year. This figure can be reduced to about 30 as has been done in other countries, but it will be difficult while overcrowding and the shortage of clean, well-ventilated and well-equipped dwelling houses persist. Edinburgh's death-rate from pulmonary tuberculosis in 1945 was the lowest on record, but the number of new or suspected sufferers from the disease was the largest ever dealt with by the Department, a fact which should dispel any feeling of complacency about present-day health tendencies. To a large extent we are back to ordinary ways, and with the impetus of war removed, health administration may find that favourable public reactions are not so spontaneous as they were when faced with a visible or obvious menace.

2. Vital Statistics.—Births to Edinburgh citizens during 1945 numbered 7,362, representing a birth-rate of 15·4 per 1000 of the population. The corresponding figures for 1944 were 7,908 and 16·6. The decrease is partly explained by the removal of large numbers of service men to far-flung theatres of war, and it is fully expected that during 1946 and later the tendency will be for the birth-rate to rise. A pointer in that direction is that, at 5,523 the number of marriages in the City

during 1945 was the highest since the outbreak of war with the exception of the year 1940, when there were 5,909 marriages. It should be added that these are not all marriages of Edinburgh people, the City being a centre that is convenient for contracting parties from other districts, but the figures reveal the trend of events.

Deaths from all causes during the year numbered 6,147, representing a death-rate of 14·4 per 1000 of the population, as compared with 5,979 deaths and a rate of 14·3 in 1944. The death-rate was lower than the average for the previous five years (15·0) and was thus a favourable reflection of our later wartime experience, but it was higher than the rates prevailing in the years immediately before the war, due partly to the fact that war, as it always does, depleted our population of some of its most virile members. Of the total deaths, 59 per cent. related to persons over 65 years of age. Among causes of death there were no abnormal figures. Pulmonary tuberculosis caused 218 deaths, the lowest number on record, and diphtheria 13, one more than in the previous year. A total of 1,013 deaths from malignant diseases, 44 per cent. of them relating to persons under 65, underlined the need for bringing into early operation the provisions of the Cancer (Scotland) Act for the early diagnosis and treatment of and research into cancer, now open to local authorities.

3. Child Welfare Activities.—Statistics from the Maternity and Child Welfare Department emphasise the intimate contact that is maintained by our medical officers and health visitors with city mothers and their children. Especially is this so in the case of ante-natal care. Edinburgh has been fortunate over the years in having medical men and women with a degree of human understanding that went far to encourage a ready acceptance of ante-natal services. The result is that to-day it is the exception rather than the rule to find an Edinburgh mother who has not availed herself of skilled advice at the proper time.

Similarly, the health visitors have gained the confidence of our womenfolks to an extraordinary degree. Their "peaceful penetration" is welcomed, and the good they do in advising and educating is incalculable. With the augmented staff of health visitors authorised two years ago, home visiting figures went up in 1945 to 53,535 as compared with 48,629 a year earlier. Visits to ante-natal cases increased from 2,255 to 2,715. The number of new ante-natal cases seen at the clinics was 7,646, representing over 80 per cent. of the total births in Edinburgh.

It is customary to use the infant mortality rate as an index of the progress in this sphere, and it is encouraging to report a continuance of the downward trend—that and no more. Starting with 1940, Edinburgh's infant mortality rates (*i.e.*, number of deaths under one year per 1,000 live births) were 68, 66, 56, 54, 51 and in 1945, 50. Whether we are down to a hard core is difficult to say, but the battle must go on against the factors which affect child life adversely—overcrowding, bad housing, faulty feeding, and parental apathy.

For Scotland the infant mortality rate was 56 and Edinburgh thus continued to keep below the rate for the country as a whole, as she has done consistently since 1925. The City's rate has been lower than that of the three other large cities since 1920, and was again so last year, the rate in Aberdeen being 54, Dundee 57 and Glasgow 68.

Deaths of children under five years of age showed a favourable trend from 504 in 1943 to 485 in 1944 and 467 in 1945. On the other hand maternal deaths numbered 18 as compared with 16 in the previous year and 15 in 1943.

4. Maternity Services.—The housing shortage and the overcrowding resulting therefrom increased the already heavy demand on maternity beds. Additional accommodation provided at the Western General Hospital two years ago and the new maternity unit opened in the Eastern General Hospital last year were fully occupied but could not keep pace with the increased demand. A similar inability to meet all requests was reported from the Royal Maternity and Simpson Memorial Pavilion and the Elsie Inglis Memorial Hospital. In the circumstances, selection of the most necessitous cases for hospitalization was the only course to pursue, and for the less urgent patients the best possible arrangements were made for confinement at home under the Domiciliary Maternity Services Scheme, which, begun in July 1943, is now meeting the needs of about 1,300 mothers per annum. The domiciliary scheme provides for the services of a doctor and a midwife, and if necessary of an obstetrician, but in many cases home conditions are such that hospital accommodation is the more desirable alternative, and the Public Health Committee have the problem under active consideration.

5. Children's Nurseries.—Throughout the year a chain of 25 wartime nurseries provided care for about 1,300 children under five years of age, whose mothers were engaged in war work or were relieving those so engaged. With the end of the war, the need for nurseries was substantially lessened, and notice of a cessation of the Government's one hundred per cent. grant to take effect in March 1946 caused the scheme to be reviewed. It was decided to retain twelve of the nurseries, including four specially erected to a national type-plan by H.M. Office of Works, and situated at Craigmillar, Pilrig, Granton and Pilton. In addition, the Corporation's pre-war nurseries at Viewforth and Dumbiedykes Road were linked up with the revised scheme, giving in all eleven nurseries with 510 places for daytime care and three nurseries with 105 places for overnight care.

The nurseries have each a trained nurse in charge together with a proportion of trainees working for a national certificate in nursery nursing, and there can be no doubt that children thrive under their care. Balanced diets, regularity of meals, and play in the open air have a profound effect on physique, and the influence of the nurses is reflected in the good behaviour and apparent happiness of the children. The generalisation that "the home is the best place to bring up a child" has many adherents, but in our nurseries children are receiving regular medical supervision and getting a chance to build up sound health which many of them would not otherwise enjoy.

For the institutional care of children under five years of age, the Child Welfare Medical Officers continued their good work with 20 beds available at Victoria Park House, and 40 at Willowbrae House. The beneficial effect of sunshine, proper feeding, and skilled attention to the children places these institutions among the brightest centres in the public health service. The same medical officers also maintain supervision over children's homes at St. Katharine's (40 beds), Redhall

(40 beds) and Canaan Lane (50 beds) all of which are administered by the City Social Services Department. The aggregate accommodation provided by the Corporation for children is 615 places in nurseries and 190 in institutions.

6. School Children.—Statistics showing the average height and weight of school children in Edinburgh would appear to support the view that the increased provision of milk and midday meals in schools is having an influence on physique. A table in the School Medical Service Report on page 39 indicates that infant entrants in session 1944-45 were heavier, though slightly shorter, than those enrolled in 1936-37. Among the children of nine years, boys were not so tall as the 1940-41 group, but both boys and girls were heavier, the boys by 1.23 lbs. and the girls by 2.38 lbs. The same applied to those aged 13; boys were not so tall, but both boys and girls were heavier.

The percentage of fit children among those inspected showed a decrease of 3.4 per cent. as compared with the previous session, due largely to an increased prevalence of nits and vermin. Most of those in the unfit category, however, had only a slight defect which could have been remedied in a few hours.

There was a notable reduction in the incidence of scabies, the number affected being 2,857 as compared with 3,967 in the previous year. Our six treatment centres are obviously fulfilling their purpose to a commendable degree, and the skilled attention provided encouraged sufferers to attend at an early stage in the disease. Scabies, however, is still more prevalent than in pre-war years, and continued vigilance is necessary.

An increased volume of work overtaken by the Medical Psychologist, the Psychiatrist and the Psychiatric Social Workers indicated that parents are appreciating the value of modern methods of dealing with the problem child. The Child Guidance Clinic has become an important factor in improving the mental outlook of parents and children, and the increased staff recently authorised will, I feel sure, spread still further the benefits of this excellent form of health education.

The School Medical Service was enriched by the gift of a mobile Dental Unit from the Scottish Branch of the British Red Cross Society. The van is fully equipped for school dentistry and is proving useful in reaching the pupils of out-lying schools. It is hoped that, by taking the unit to the pupils, a larger number will accept the treatment they require.

7. Diphtheria Immunisation.—An intensive campaign in the early months of the year helped considerably towards achieving the excellent total of 11,550 children immunised against diphtheria. This was the best return for any year except 1941 when schools and first-aid posts were used as immunising centres. In addition to the number quoted, 8,250 school children previously immunised received one injection as a maintenance dose. General practitioners continued to give the scheme their active support by immunising children in their practices. Our health visitors made it a routine practice to proclaim the wholesome effects of immunisation before the first birthday, but in many cases found apathy hard to overcome. In the schools headmasters and teachers gave valuable help by obtaining the co-operation of children for the doctor's visit. An increase in the incidence of diphtheria during

1945 put a check on optimism. The total, however, was far below those occurring twenty odd years ago, and the policy must continue to be the protection of a much larger proportion of our child population.

8. Infectious Diseases.—The list of notifications of infectious diseases for the year was heavily loaded by an epidemic of measles which began in November 1944 and continued to the following spring, the peak being reached in January when notice of 1,784 cases was received. For the year the total was 2,920, and as notification is limited to the first case under five years in a household, the real incidence of the disease was not revealed. The same remark applies to whooping cough, of which there were 494 reported cases. Measles caused 16 deaths and whooping cough 17, figures which remind us that the serious character of these infections is often not fully realised.

There were 1,029 cases of scarlet fever and one death, representing a fairly light year, and 362 cases of diphtheria and 13 deaths, as compared with 306 cases and 12 deaths in 1944. A disturbing aspect of the infectious disease notifications was the continued prevalence of dysentery, of which 752 cases were reported, more than half of them during March, April and May. It seems necessary to repeat the admonition given in last year's Report, namely, that the individual citizen must inculcate much higher standards of personal hygiene. A brief daily talk in schools on the subject would also be a considerable advantage.

The downward trend in incidence of typhoid fever continued, the total of three cases (2 Paratyphoid B and 1 B. Typhosus) being the lowest ever recorded for the City. No cases of smallpox occurred, but considerable work was entailed in tracing and examining contacts from troopships and liners arriving in this country. Altogether 193 contacts from infected ships were visited and examined periodically until the expiration of a period of fourteen days from the date of disembarkation.

9. Tuberculosis.—Records furnished by the Tuberculosis Officer reveal the curious fact that deaths from pulmonary tuberculosis in 1945 were the lowest ever returned, while the incidence of the disease remained relatively high. The deaths numbered 218 as compared with 255 in the previous year and an average of 295 during the five years 1940-44. Notifications, on the other hand, totalled 540, as against 548 in 1944 and 592 in 1943. The average for the five years before the war was 465 new cases, and for the five years of war 522 cases, followed by 540 last year.

The fall in the number of deaths is an indication that patients are increasing their chance of recovery by seeking medical advice at an earlier stage of the disease. This is a welcome manifestation in the fight against tuberculosis, and one that is likely to bear even better results in view of the installation of our mass radiography unit. That our incidence rate continues to be high may indicate that medical men, knowing the hazards of war, are referring more of the doubtful cases to the dispensaries for x-ray examination and specialist opinion. Supervision of these and other cases occasioned a heavy volume of attendances, which last year attained the record figure of 19,998. To obviate waiting by patients, the appointment of an additional medical officer has been authorised and enlarged accommodation will be provided for consultations.

A sum of £5,740, representing a slight increase on the previous year, was paid in maintenance allowances to patients and dependants under the Government Scheme, and went far to encourage patients to cease work and undergo observation and necessary treatment. It is, however, becoming more and more apparent that the allowances should not be restricted to the early pulmonary cases but should include advanced pulmonary cases and those suffering from the non-pulmonary types of the disease as well.

The mass radiography unit at Warriston Close opened early in 1946, and in this Report it is not possible to give valid details of its operations except to say that the installation has been pronounced by experts to be one of the best in the country for its convenience and its spacious lay-out, and that the citizens are responding well to the invitation to make use of it.

10. Venereal Diseases.—Movements of service personnel caused a substantial reduction in the numbers reporting at our venereal diseases clinics in 1944, and with the war over, the figures for 1945 showed increases. Of new applicants there were 4,276 as compared with 3,958 in the previous year, hospital admissions increased from 855 to 1,127, and outpatient attendances numbered 74,771 as compared with 67,571 in 1944. The fluctuations peculiar to wartime may now be expected to disappear, and civilian clinicians will require to shoulder a burden recently borne by others.

Our own clinical medical officer gives an encouraging report about the benefits of treatment by penicillin, which was used during 1945 in increasing measure as supplies of the drug became available. It is stated that one day's treatment with penicillin will effect a cure of gonorrhœa in a very high proportion of cases, whether male or female. A higher dose and a longer period of time—eight days—will in the case of early syphilis produce an apparent clinical cure with a reduction or reversal of positive serological tests in either sex.

The value of penicillin cannot yet be completely assessed, but it seems evident that the drug has become an important factor in ensuring cure and shortening the period of treatment. Its cost has hitherto been borne by the Government, but is to be passed on to local authorities. A danger about the relatively short period of treatment is that a patient may be reluctant to remain under observation until the medical officers are satisfied with his condition. There were in all 399 defaulters during the year as compared with 328 in 1944, but the proportion was lower than before the war.

Favourable results continued to attend the operation of Defence Regulation 33B, which gives Medical Officers of Health compulsory powers for the examination and treatment of suspected sources of infection named as such by two consorts. During the year 159 cases were notified once, and 11 cases more than once. Of these 42 were referred to the Services or to other local authorities, 44 could not be traced, and 77 persons came to the clinics as the result of interviews with the almoner. The Regulation has had a considerable effect in disclosing some sources of infection, but the view in Edinburgh is still that effective control and suppression of venereal infections can best be attained by compulsory notification and treatment of all sufferers from the disease.

11. Hospitals.—The end of the war meant the closing of an interesting chapter in the history of the five municipal hospitals associated with the Government's Emergency Medical Service. Convoys from the fighting fronts came to an end, prisoners of war were gradually discharged to appropriate camps, the London evacuees went home with pleasant memories of their treatment in Scotland, and the Norwegian Unit bade a graceful farewell to our staff at the Southern General Hospital with whom they had worked in harmony for over three years. Between 8th February 1942 and 13th August 1945 there were 4,384 admissions of Norwegian patients to the Southern General Hospital. At a dinner given in their honour in the City Chambers before leaving, the Norwegians presented a tankard made in Bergen 275 years ago to the Lord Provost of the City and were given a commemorative plaque of the City arms to be fixed in one of their own hospitals in Norway as a reminder of their stay in Edinburgh.

Despite these dispersals, the hospitals had an imposing turnover for the year, the number of admissions to the seven hospitals controlled by the Public Health Committee being 20,879, as compared with 23,879 in the previous year. The numbers would undoubtedly have been higher if the staff had been available. Edinburgh was like other cities in being unable to overcome the nursing shortage, and citizens displayed commendable tolerance in recognising that delay in procuring a hospital bed could not on many occasions be avoided.

At the City Hospital and the Western General Hospital, where training schools for nurses are in being, staffing difficulties were not so acute, but the Eastern and the Southern General Hospitals had to restrict admissions in accordance with the number of nurses available. The position at the latter two hospitals has been relieved to a limited extent by the employment of male nursing orderlies. These men had war experience in the medical branches of the navy, army and air force, and training schools have been set up at the City Hospital and the Western General Hospital to enable them to qualify for State registration. There appears to be an attractive future in the nursing profession for the type of man who can fit himself to become an asset in tuberculosis wards and in some of the specialist wards of our general hospitals.

With 4,536 admissions and 16,218 follow-up attendances, the Western General Hospital kept its place as one of our busiest institutions. In addition, there were 1,539 admissions and 23,298 out-patient attendances at the Paderewski Hospital, together with a dental clinic which gave over 10,000 treatments. These figures speak eloquently of the good work done at the Western. The maternity section, with its new training school for midwives, worked to capacity throughout the year, and the urological, ear, nose and throat, and other special departments showed increases in the numbers treated. Through the operation of agreements with the Department of Health and the Royal Infirmary of Edinburgh, the Western Hospital received patients from other areas, and its services were warmly appreciated.

The Eastern General Hospital staff found inspiration from the presence in their midst of a Tropical Diseases Unit through which passed 808 members of the forces suffering chiefly from infections and parasitic conditions contracted in the East. Encouraging success was also achieved in the maternity unit, where 274 children were born during the year.

12. Transition at Bangour and Gogarburn.—Bangour Hospital's transition from war to peace conditions was hampered by the scarcity of staff for the mental wards. The return of Edinburgh patients evacuated to other mental hospitals in 1939 was, however, begun, and in the meantime all fresh cases chargeable to the City of Edinburgh are finding a place at Bangour, an arrangement which has relieved pressure at the receiving institutions. Admissions from all sources during the year totalled 5,541, as compared with 6,872 in 1944. Service admissions were down by 2,361 and civilian admissions up by 1030. The E.M.S. side of the hospital showed a diminishing volume of admissions, and difficulty was experienced in staffing the tuberculosis wards. At the close of the year 539 patients suffering from pulmonary and non-pulmonary forms of tuberculosis were resident in the hospital. They included the East Fortune Sanatorium Unit 187, Service men 162, Edinburgh patients 98, Glasgow 79, and other burghs 13.

The Medical Superintendent's report includes an interesting summary of the work of the Brain Injuries Unit, which in the five years to June 1945 provided treatment for 4,069 patients suffering from brain and spinal tumours, head and spine injuries, sciaticas, and various other illnesses. Over 500 major operations were performed and there was a heavy demand on specialist rehabilitation services like physiotherapy, psychotherapy, occupational therapy, physical instruction, and in some cases, speech therapy. The Brain Injuries Unit attracted patients from various parts of Scotland, Northern Ireland, and the North of England, and is virtually a national service. At present it occupies buildings which are essential to the proper functioning of Bangour as a mental hospital, and it will be a matter of great difficulty to find comparable accommodation elsewhere.

At the end of the year Gogarburn Hospital had 529 mentally defective patients in residence, and preparation was being made to terminate E.M.S. activities and provide increased accommodation on the mental side. For a considerable time the lack of adequate accommodation for mental defectives has caused anxiety to school medical officers and the City Social Services Officer, who had waiting lists of cases urgently in need of institutional care.

The E.M.S. section of the hospital admitted 1,023 service patients and 217 civilians. Of these, 551 were treated in the Neurovascular Unit, where research work received the encouragement and help of the Medical Research Council. From the time it opened in August 1940, until the end of 1945, the E.M.S. part of the hospital received 7,892 service patients and 1,041 civilian patients.

13. Infectious Diseases Hospitals.—The City Hospital for Infectious Diseases had a relatively light year, its admissions being 3,890, which was 571 fewer than in the year before and the smallest total since 1939. The fall in admissions was distributed over several of the principal diseases, and at the same time increases were noted among patients suffering from diphtheria, measles, whooping cough, and cerebro-spinal fever. As was the case in 1944, dysentery ranked second only to scarlet fever in total numbers. The Medical Superintendent regards a 20 per cent. increase in diphtheria admissions as a disappointing interruption in the downward trend of incidence, and calls for a more complete acceptance of immunisation by parents.

The City Hospital received 302 cases of pulmonary tuberculosis, and the Royal Victoria Hospital 133. They were mostly long-term patients, and their stay in the wards was brightened by visits from choirs and concert parties, and by handicraft work done under the supervision of the occupational therapist. A library scheme to be supervised by the City Librarian has been approved and will shortly come into operation. Books sent to the infectious diseases hospitals will, of course, not be returned.

In view of the restricted range of food supplies available under rationing schemes, hospitals have had to give attention to catering problems, and a whole-time catering officer with expert knowledge of the trade has been able to make useful proposals not only about the foods to be used but about the way they should be cooked and served. All the hospitals are to have new kitchen equipment installed during the present financial year.

14. Special Services.—Included in this Report are statistical summaries of the work done for municipal hospitals by the Bacteriological Department of Edinburgh University, by our own Sanitary Department in promoting environmental hygiene, and by our Veterinary Department in supervising supplies of milk, meat and other foods. The services of these Departments are largely preventive and are carried on unobtrusively but efficiently. They deserve the interest and appreciation of the citizens.

15. National Health Service.—Discussion of the proposed National Health Service has not lacked vigour or volume, and it is appropriate that pleas for and against its points should be freely debated. An indication of the road that Edinburgh's health services may have to follow has been given by the publication of the Hospitals Survey for South-eastern Scotland and of the National Health Service Bill for England and Wales. It is expected that the Bill for Scotland's health service will follow the plan of the English one with slight adaptations to suit Scottish traditions and geographical peculiarities. If this proves to be the case, the hospitals—municipal and voluntary—will be taken over by the Government and administered by Regional Hospital Boards with the exception of the voluntary teaching hospitals, each of which will have a separate Board of Governors. Our Public Health Committee have expressed the view that voluntary teaching hospitals should not be separated from the general hospital arrangements, but that all hospitals should be available for teaching purposes in a scheme prepared by the teaching authority in each region.

The English Bill provides for personal health services by doctors and dentists and for the supply of drugs and appliances, while local authorities are to equip and staff health centres, provide maternity and child welfare and midwifery services, and arrange health visiting, home nursing, the after-care of the sick, and various other services. For these duties various committees are to be appointed, but without direct representation of local authorities except in the case of the local executive councils, in which one-third of the members are to be appointed by local authorities.

There would appear to be a need for better co-ordination of administrative

functions, and more direct local authority representation. A further point is that the Bill makes elaborate provision for reducing ill health but little or none for prevention. No doubt these and other criticisms will be carefully weighed before the Scottish Bill appears.

16. Health Education.—One development not wholly eclipsed by the war was the growing interest in health education. Our film entitled “Edinburgh, the Healthy City” was in frequent request for meetings of guilds, associations and other bodies, and at one stage in the war civil defence workers appreciated a series of informal talks given by medical officers of the Department. In May 1946 a Health Week run in collaboration with the Scottish Council for Health Education proved to be the most stimulating piece of propaganda achieved since before the war. It was estimated that over 126,000 persons received a health message in one form or another through cinema shows, women’s meetings, talks in schools, a children’s health quiz competition, Usher Hall meetings, sermonettes in churches, displays of physical exercises in Princes Street Gardens, and a health exhibition in the Royal Scottish Museum. In addition, a large number of people were reached through articles in the daily press. It has been arranged that some of these activities will be continued throughout the year as part of the day to day work for public health.

17. Acknowledgments.—I wish to record my gratitude to Air Vice-Marshal S. P. Simpson, C.B., C.B.E., M.C., Royal Air Force, Pitreavie Castle, Dunfermline, for his kindness in taking aerial photographs of Bangour Hospital and Gogarburn Hospital, and for permission to reproduce the photographs in this Report. I also acknowledge the courtesy of the proprietors of the *Edinburgh Evening News* in granting permission to reproduce photographs which appeared in their newspaper.

I would also record my gratitude to members of the Public Health and other Committees for their interest and support, and express thanks to the various heads of departments, hospitals and institutions, and all the staffs for their loyal service throughout the year.

I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

WILLIAM GEORGE CLARK,
M.B., Ch.B., F.R.C.P. (Edin.), D.P.H. (Camb.),
Medical Officer of Health.

SUMMARY OF STATISTICS.

1940-1945.

	Average			
	1940	1941	1942	1943
Estimated Population (Civilian)	427,439	429,179	424,547	415,318
Marriages Registered	5,909	4,882	4,887	3,987
Birth-Rate (Corrected for Transfers)	15.5	15.0	15.8	16.2
Death-Rate (do.)	15.9	15.3	14.5	15.3
Infant Mortality Rate (per 1000 Live Births)	68	66	56	54
Neo-natal do. (do.)	34	32	29	27
Maternal do. (per 1000 Total Births) Live and Still.	3.3	2.9	2.4	1.9

PRINCIPAL CAUSES OF DEATH AND RATES PER 1000 OF POPULATION.

	1940			1941			1942			1943			1944			Average 1940-44		
	No.	Rate	No.	No.	Rate	No.	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart Disease	1,548	3.62	1,596	3.71	1,455	3.42	1,528	3.67	1,620	3.87	1,549	3.66	1,744	4.09	1,549	3.66	1,744	4.09
Other Diseases of the Circulatory System	201	0.47	183	0.42	245	0.58	220	0.52	220	0.52	220	0.52	220	0.52	214	0.50	185	0.43
Malignant Disease	891	2.08	934	2.17	972	2.29	971	2.33	913	2.18	936	2.21	1,013	2.37	936	2.21	1,013	2.37
Diseases of Nervous System	828	1.93	817	1.90	781	1.83	893	2.15	884	2.11	841	1.98	925	2.17	841	1.98	925	2.17
Pneumonia (All Forms)	400	0.93	351	0.81	272	0.64	293	0.70	235	0.56	293	0.70	227	0.53	310	0.73	227	0.53
Bronchitis	412	0.96	280	0.65	279	0.65	287	0.68	220	0.52	296	0.70	235	0.55	296	0.70	235	0.55
Tuberculosis (Respiratory)	308	0.72	301	0.70	289	0.68	321	0.77	255	0.61	295	0.70	218	0.51	295	0.70	218	0.51
do. (Other Forms)	85	0.20	76	0.18	67	0.16	64	0.16	47	0.11	68	0.16	76	0.17	68	0.16	76	0.17

PRINCIPAL EPIDEMIC DISEASES.

	1940			1941			1942			1943			1944			Average 1940-44		
	Cases	Deaths	Rate	Cases	Deaths	Rate	Cases	Deaths	Rate	Cases	Deaths	Rate	Cases	Deaths	Rate	Cases	Deaths	Rate
Scarlet Fever	652	1	1.070	3	2,023	5	1,598	4	1,222	3	1,313	3	1,029	1	1,313	3	1,029	1
Diphtheria	749	61	446	28	480	31	422	15	306	12	481	29	362	13	481	29	362	13
Typhoid Fever	32	2	68	4	14	2	7	...	8	...	26	2	3	1	26	2	3	1
Cerebro-Spinal Fever	326	45	194	36	84	14	37	7	37	1	136	21	55	4	136	21	55	4
Measles	2,818	13	1,123	7	2,307	10	1,723	7	1,124	...	1,819	7	2,920	16	1,819	7	2,920	16
Whooping Cough	255	8	1,365	44	135	2	775	19	409	10	588	17	494	17	588	17	494	17

Note.—Death-Rates are based on Civilian Population and Civilian Deaths, but the Population used in estimating Birth-Rates includes an allowance for persons in the Armed Forces.

BIRTHS, DEATHS and MARRIAGES in EDINBURGH.

1925-1945.

Year	Estimated Population	NUMBERS						RATES					
		Live Births		Still Births	Marriages	Deaths		Per 1000 of Estimated Population			Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (LIVE+STILL)	
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths			Illeg. Births per cent. of Live Births
1925	427,664	7,843	499	...	4,065	6,138	751	18.3	9.5	14.4	6.4	96	...
1926	429,535	7,926	549	...	3,823	5,710	632	18.5	9.0	13.3	6.9	80	...
1927	431,413	7,621	542	...	3,861	6,066	606	17.7	8.9	14.1	7.1	80	...
1928	433,299	7,420	476	...	3,760	5,872	553	17.1	8.7	13.6	6.4	75	...
1929	435,195	7,304	531	...	3,955	6,442	581	16.8	9.1	14.8	7.3	80	...
1925-29	431,421	7,623	510	Still Births became Registrable in 1939	3,893	6,046	625	17.7	9.0	14.0	6.8	82	...
1930	437,098	7,307	441	...	3,693	6,038	596	16.7	8.4	13.8	6.0	82	...
1931	443,042	7,164	499	...	3,788	5,726	492	16.2	8.6	12.9	7.0	69	...
1932	447,800	6,960	466	...	3,932	6,032	507	15.5	8.8	13.5	6.7	73	...
1933	452,773	6,835	443	...	4,037	5,964	453	15.1	8.9	13.2	6.5	66	...
1934	457,099	7,188	457	...	4,245	5,873	449	15.7	9.3	12.8	6.4	62	...
1930-34	447,562	7,091	461	Still Births became Registrable in 1939	3,939	5,927	499	15.8	8.8	13.2	6.5	70	...
1935	460,877	7,037	486	...	4,291	6,132	490	15.3	9.3	13.3	6.9	70	...
1936	464,139	7,391	464	...	4,478	6,226	505	15.9	9.6	13.4	6.3	68	...
1937	466,817	7,375	462	...	4,451	6,544	516	15.8	9.5	14.0	6.3	70	...
1938	469,448	7,549	467	...	4,512	5,974	462	16.1	9.6	12.7	6.2	61	...
1939	471,897	7,300	417	306	5,498	6,169	432	15.5	11.7	13.1	5.7	59	40
1935-39	466,636	7,330	459	...	4,646	6,209	481	15.7	9.9	13.3	6.3	66	...
*1940	427,439	6,930	411	288	5,900	6,802	468	15.5	13.2	15.9	5.9	68	40
1941	429,179	6,934	504	267	4,882	6,545	461	15.0	10.6	15.3	7.3	66	37
1942	424,547	7,386	559	255	4,887	6,152	415	15.8	10.5	14.5	7.6	56	33
1943	415,318	7,605	637	290	3,987	6,338	407	16.2	8.5	15.8	8.4	54	37
1944	418,374	7,908	720	223	3,977	5,979	403	16.6	8.3	14.3	9.1	51	27
1940-44	422,971	7,353	566	265	4,722	6,363	431	15.8	10.2	15.0	7.7	59	35
1945	426,280	7,362	723	214	5,523	6,147	365	15.4	11.6	14.4	9.8	50	28

* Death Rates from 1940 onwards are based on Civilian Population and Civilian Deaths, but the Population used in estimating Birth Rates and Marriage Rates includes an allowance for Persons in the Armed Forces.

TABLE showing the number of Deaths (arranged in age groups) during 1945 from all causes and from certain specified causes.

	All Ages		Under 1 Year	1 and under 5 Years	Total under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 25 Years	25 and under 35 Years	35 and under 45 Years	45 and under 55 Years	55 and under 65 Years	65 and under 75 Years	75 Years and upwards	Total above 5 Years
	Males	Females													
Deaths from all causes	3,147	3,207	565	102	467	34	34	107	140	275	514	946	1,716	1,914	5,680
{ Both Sexes	2,940	2,940	206	44	250	19	20	42	53	139	294	523	860	740	2,690
{ Females	3,207	3,207	159	58	217	15	14	65	87	136	220	423	856	1,174	2,990
Typhoid Fever	1	1	...	...	...	...	...	...	...	1	...	...	...	...	1
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	16	16	6	9	15	...	...	...	...	...	...	1	...	...	1
Scarlet Fever	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough	17	17	7	10	17	...	...	...	...	...	...	...	...	...	...
Diphtheria	13	13	6	6	6	3	2	...	1	...	...	...	...	...	7
Influenza	17	17	1	1	2	...	...	...	...	1	2	4	3	5	15
Erysipelas	5	5	...	...	...	...	...	...	...	1	...	...	1	3	5
Encephalitis Lethargica	9	9	...	...	...	...	...	...	...	...	1	7	...	1	9
Cerebro-Spinal Meningitis	4	4	...	2	2	...	...	...	...	...	...	...	1	...	2
Tuberculosis of Respiratory System	218	218	1	2	3	2	42	51	51	42	34	23	17	...	215
Tuberculous Meningitis	35	35	3	14	17	6	4	5	1	...	2	...	...	...	18
Tuberculosis of Intestines and Peritonum	10	10	...	1	1	...	3	3	...	...	...	1	...	...	9
Other Tuberculous Disease	31	31	1	1	2	1	4	5	5	5	5	3	1	4	29
Malignant Disease	1,013	1,013	...	1	1	...	2	10	10	56	147	230	334	232	1,012
Rheumatic Fever	5	5	...	1	1	...	2	2	...	...	...	...	...	...	4
Meningitis, Diseases of Spinal Cord	22	22	6	...	6	...	2	1	1	1	5	2	3	2	16
Cerebral Haemorrhage, etc.	828	828	...	...	...	...	2	2	2	15	36	119	305	351	828
Other Nervous Diseases	75	75	10	1	11	2	1	2	7	5	8	14	14	11	64
Heart Disease	1,744	1,744	...	...	...	1	1	6	19	46	108	256	592	715	1,744
Other Diseases of Circulatory System	185	185	...	...	...	...	...	...	...	5	15	29	51	85	185
Bronchitis	235	235	11	1	12	...	2	4	4	8	27	40	62	80	223
Pneumonia (all forms)	227	227	52	15	67	...	3	4	4	9	15	27	40	61	160
Other Diseases of Respiratory System	104	104	...	2	2	1	1	5	...	6	8	27	29	25	102
Diarrhoea and Enteritis	73	73	52	5	57	1	1	...	...	1	1	3	5	4	16
Gastric and Duodenal Ulcer	63	63	...	...	...	...	1	6	6	5	12	14	14	11	63
Appendicitis	26	26	...	...	...	1	1	1	1	1	1	5	5	5	26
Diseases of Liver and Gall Bladder	43	43	1	...	1	...	1	1	1	3	5	7	16	9	42
Other Diseases of Digestive System	70	70	4	1	5	...	1	...	...	8	8	13	15	23	65
Nephritis—Acute and Chronic	125	125	1	1	2	...	2	6	6	7	19	19	37	33	123
Other Genito-Urinary Diseases	118	118	1	1	2	1	3	4	4	4	4	23	39	41	116
Puerperal Sepsis	6	6	...	...	...	...	2	2	3	4	...	...	...	...	6
Other Diseases associated with Childbirth	12	12	...	...	...	...	2	3	3	7	...	...	...	...	12
Diseases of Early Infancy and Malformations	187	187	178	3	181	...	3	...	...	2	...	...	...	...	6
Violent Deaths	234	234	16	14	30	12	7	7	7	19	27	30	41	58	204
Old Age	97	97	...	...	...	...	...	...	...	...	...	...	...	...	97
All Other Causes	278	278	14	9	23	2	7	9	6	16	24	48	80	63	255

TABLE showing the numbers of Births and Deaths in each ward of the City during 1945.

No.	WARD.	Area in Acres.	BIRTHS.	INFANT MORTALITY.		DEATHS.		
				Deaths Under 1 Yr.	Rate per 1000 Births.	PULMONARY TUBERCULOSIS.	*EPIDEMIC DISEASES.	ALL CAUSES.
1	Calton	228	300	11	37	10	2	217
2	Canongate	965	287	24	84	7	4	295
3	Newington	891	231	6	26	8	3	312
4	Morningside	1,358	225	13	60	12	2	356
5	Merchiston	677	240	9	38	4	2	333
6	Gorgie	676	410	17	41	11	4	318
7	Haymarket	959	220	12	55	6	3	237
8	St. Bernard's	1,250	323	12	37	15	3	308
9	Broughton	472	256	19	74	12	4	238
10	St. Stephen's	190	244	15	61	4	5	225
11	St. Andrew's	206	171	6	35	7	2	131
12	St. Giles	266	249	21	84	7	5	236
13	Dalry	187	324	16	49	6	2	218
14	George Square	248	254	12	47	13	1	271
15	St. Leonard's	104	280	17	61	5	7	207
16	Portobello	2,200	580	25	43	13	7	428
17	South Leith	819	413	24	58	12	8	301
18	North Leith	218	261	11	42	12	5	178
19	West Leith	462	245	8	33	7	1	227
20	Central Leith	142	195	14	72	7	6	145
21	Liberton	6,339	453	19	42	14	8	248
22	Colinton	5,602	245	7	29	3	1	209
23	Coistorphine and Cramond Institutions	8,067	746	30	40	15	10	403
	Totals	32,526	7,362	365	50	218	103	6,147

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhoea and Enteritis under 2 years.

INFECTIOUS DISEASES.

The following Table shows the number of notifications for each month of the year 1945:—

Disease.	Jan.	Feb.	Mar.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.	Total.
Diphtheria	16	20	41	19	21	18	17	28	43	45	57	37	362
Erysipelas	37	26	15	19	10	14	9	10	16	15	17	19	207
Scarlet Fever	89	88	83	70	83	97	57	49	88	134	100	91	1,029
Typhoid Fever	...	...	...	...	...	1	1	1	...	...	...	...	3
Puerperal Fever	10	6	3	7	2	7	7	7	5	6	6	32	98
Puerperal Pyrexia	3	1	7	4	2	3	2	2	4	4	4	4	40
Cerebro-spinal Fever	6	9	4	7	4	7	6	3	...	3	1	5	55
Infective Jaundice	...	...	...	...	...	...	1	...	...	...	...	1	2
Tuberculosis, Pulmonary	57	44	46	44	45	50	43	48	38	38	42	45	540
Tuberculosis, other forms	9	10	15	12	14	15	12	13	12	15	8	8	143
Ophthalmia Neonatorum	10	6	10	...	3	4	3	2	8	10	7	2	65
Malaria	2	...	1	...	...	...	...	...	...	3	2	1	9
Dysentery	15	62	176	149	100	62	23	31	55	42	20	17	752
Acute Influenzal Pneumonia	8	6	...	1	...	...	1	1	1	1	3	5	26
Acute Primary Pneumonia	57	41	7	14	18	14	7	10	13	13	19	32	245
Measles	1,784	667	246	101	46	18	20	19	4	6	6	3	2,920
Whooping Cough	126	64	55	55	41	22	14	18	31	15	28	25	494
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	1	...	1
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	2,229	1,050	709	501	389	332	223	242	318	350	321	327	6,991

CITY OF EDINBURGH.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year.	Number Pro- tected.	Total Cases Notified.	Immunised Children Notified.	Fatal Cases Amongst the non-Immunised	Fatal Cases Amongst the Immunised
1923	157	770	...	69	...
1924	3,329	720	28	73	...
1925	256	870	16	82	...
1926	1,969	552	18	43	...
1927	1,603	599	27	44	...
1928	743	629	11	30	...
1929	1,194	1,171	66	53	2
1930	1,175	1,102	24	71	...
1931	560	901	20	28	...
1932	776	662	3	27	...
1933	1,940	606	12	21	...
1934	3,362	546	13	26	1
1935	3,856	308	2	16	...
1936	2,717	374	6	26	...
1937	3,440	622	11	43	...
1938	4,038	600	31	43	1
1939	2,075	361	23	29	...
1940	1,429	749	6	61	...
1941	52,386	446	29	28	...
1942	11,065	480	74	29	2
1943	4,927	422	105	14	1
1944	5,872	306	80	12	...
1945	11,550	362	149	11	2
	120,419	14,158	754	879	9

TUBERCULOSIS DEPARTMENT.

ANNUAL REPORT BY THE TUBERCULOSIS OFFICER.

During the past year the work of the Department has on the whole maintained the improvement recorded in the two preceding years. Past experiences the world over have always shown that the ravages of war have ever been associated with an increase in the number of cases of tuberculosis. Although the past year has constituted a new record in the number of patients dealt with by the Department, the actual number of persons who died from the disease during 1945 is the lowest yet recorded for the City. The direct results of the war will for long be felt in the sphere of tuberculosis work and whilst we are at present far from being in a position of making a final reckoning of its cost in human suffering and loss of life, the present state of affairs is better than had been anticipated.

Pulmonary Tuberculosis.—Deaths from pulmonary tuberculosis during the year numbered 218 (the lowest number ever recorded) as compared with 255 for the previous year and a pre-war average of 285. The incidence rate for pulmonary tuberculosis continues high and represents 127 per 100,000 which is a substantial increase on the pre-war average of 100.

During 1945 there were 540 new cases of pulmonary tuberculosis reported to the Department as compared with 548 in 1944 and an average of 522 for the years 1940-44. The average number of notifications pre-war was 465. This substantial increase in the number of cases during the war years bears eloquent testimony to the powerful predisposing factors which are at work as a result of wartime conditions.

The accompanying graphs reveal in a striking manner the increases which have taken place in the various age groups under 45 years, particularly during the war. In the age group 15-20 years, an arresting feature is the marked increase in the number of male cases. They reveal a steady rise from 15 in 1935 to 51 in 1942—an increase of 240 per cent. The average for 1940-44 was 43 and pre-war, 24. The increase in incidence in the female group is also striking. In pre-war years the cases averaged 39 and increased during the war years to 52. There was a sharp rise from 36 in 1942 to 66 in the following year. In 1945 the figure dropped to 49.

In the age group 20-25 years, the female number which pre-war averaged 42 increased to 50 during the war years and a peak was reached in 1944 when 69 cases were reported. During 1945 the number was 50. For males the war average was 25 cases compared with the pre-war 33. For 1945 the number was 45.

The age group 25-35 years reveals on the average the highest incidence. The graph shows the fall which had taken place in both sexes in the pre-war years and the subsequent sharp rise following the onset of wartime conditions. Female cases show an increase of 68 per cent. and males 75 per cent.

In the age group 35-45 years the outstanding feature concerns the male group which pre-war averaged 41. A peak (68) was reached in 1943. The war average was 56 whilst in 1945 the figure was 59. Female cases on the whole showed a downward tendency apart from the sharp rise in 1943. The average number of female cases reported during the war years (26) remains the same as for the five years immediately preceding the outbreak of war.

Non-Pulmonary Tuberculosis.—The number of new cases of non-pulmonary tuberculosis intimated during the year was 143 which is 8 fewer than in 1944 and 26 below the average. Deaths have unfortunately shown a definite increase and numbered 76 in 1945 as compared with 47 in the preceding year and an average of 68 for the past five years. On page 26 a detailed table reveals the number of cases notified and the number of deaths in each form of the disease during the past 20 years. It will be seen that in that period the incidence rate declined from 116 per 100,000 of the population to 36 and the death rate from 39 to 11. There can be no room for doubt that a "clean" milk supply for the community would reduce very appreciably these figures and in addition much suffering and crippling deformity, especially in children, would be entirely prevented.

INSTITUTIONAL TREATMENT.

The urgent and pressing need for finding hospital accommodation for patients suffering from tuberculosis in all its forms and stages represents a serious problem which is ever present in the minds of all who are responsible for the treatment of such cases.

Since the year 1939 there has been in Edinburgh an increase of 90 in the number of beds available for tuberculous patients. This addition has proved to be of definite value in our campaign against the disease but the need for a still further and substantial increase is both imperative and urgent.

With the additional number of new cases of pulmonary tuberculosis which is bound to follow upon the investigations now being undertaken daily at the Mass Miniature X-ray Unit, the demand for hospital treatment will be greatly increased and the present difficulty very much accentuated. Inability to afford immediate hospital treatment for the cases which a new department and staff have been specially equipped and trained to reveal would be an unfortunate anti-climax. The question of adequate hospital accommodation is one demanding priority consideration, if the advantages which accrue from a Mass X-ray Unit in the campaign against tuberculosis are not to be lost.

Royal Victoria Hospital.—This hospital, which has accommodation for 76 patients is reserved for the treatment of early cases of intra-thoracic tuberculosis in adults and children. During the year considerable difficulty was experienced on account of the continued shortage of nursing and domestic staffs—indeed at no time was more than two-thirds of the nursing establishment available for duty. The services of an occupational therapist are available at the hospital and every encouragement is given to the patients to avail themselves of her services.

The table shows the number of patients dealt with during the year :—

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	28	59	59	...	28
Women	37	61	60	1	27
Children	7	13	10	...	10
Totals	72	133	129	1	75

Colinton Mains Hospital.—The tuberculosis wards at this institution are reserved for the care of the more advanced cases of pulmonary tuberculosis. The great and pressing need for additional bed accommodation was never more urgent than during the past year. The prime importance of the isolation of the advanced case of pulmonary tuberculosis does not need to be emphasised at this time of day, but it is a matter for great regret that immediate accommodation is not always available, as it should be, for patients of this type.

The following table shows the number of patients dealt with :—

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	94	195	137	57	94
Women	62	98	72	22	66
Children	3	9	4	1	8
Totals	159	302	213	80	168

Bangour Hospital.—All the cases of non-pulmonary tuberculosis are accommodated in this institution and in addition twenty beds are available for the treatment of cases of lung tubercle, the latter class being of the more advanced type. The cases of surgical tuberculosis are supervised by Mr Walter Mereer, F.R.C.S., the consulting surgeon to the Tuberculosis Department, and on their discharge from hospital, the after-care of the patients is undertaken at the Royal Victoria Dispensary where they are again seen by the consulting surgeon during his weekly sessions.

The following tables show the method of disposal :—

I.—Pulmonary Tuberculosis.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	2	5	3	1	3
Women	10	5	6	1	8
Children	1	1	—	1	1
Totals	13	11	9	3	12

II.—Non-Pulmonary Tuberculosis.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	20	21	15	6	20
Women	35	28	27	8	28
Children	41	22	23	2	38
Totals	96	71	65	16	86

ROYAL VICTORIA DISPENSARY AND LEITH DISPENSARY.

During the last few years the work undertaken at the dispensaries has increased appreciably. This has been more marked in the case of the Royal Victoria Dispensary. The attendance figures reveal an increase of 51 per cent. for the Edinburgh dispensary and 16 per cent. for the Leith dispensary since the outbreak of war.

The tables show the attendances of old and new cases at both dispensaries during recent years:—

Royal Victoria Dispensary, Edinburgh.

				New Cases.	Old Cases.	Total.
1939	...	...	...	2,332	9,406	11,738
1940	...	...	...	2,516	8,252	10,768
1941	...	...	...	2,550	10,984	13,534
1942	...	...	...	2,901	11,874	14,775
1943	...	...	...	3,262	13,434	16,696
1944	...	...	...	3,184	14,360	17,544
1945	...	...	...	3,045	14,704	17,749

Leith Dispensary, South Fort Street.

				New Cases.	Old Cases.	Total.
1939	...	...	...	367	1,579	1,946
1940	...	...	...	443	1,540	1,983
1941	...	...	...	416	1,689	2,205
1942	...	...	...	314	1,936	2,250
1943	...	...	...	411	2,038	2,449
1944	...	...	...	305	1,959	2,264
1945	...	...	...	321	1,928	2,249

Within recent years much has been learned regarding the protean manifestations of early pulmonary tuberculosis—but there still remains much to be solved. The survey of large numbers of presumably healthy members of the community by means of Mass Miniature X-ray examination has revealed how frequently cases of lung tubercle are discovered in examinees who were totally unaware of its existence, indeed to the best of their knowledge and belief they were in the enjoyment of perfect health. Such cases can as a rule be unmasked only by X-ray examination. In the majority of cases coming within this category the examination of the lungs by the ordinary methods of clinical examination, even by the most experienced and expert physician, is entirely negative and, unless an X-ray investigation is undertaken, the disease in its earliest or preclinical stage will almost certainly be missed. Even in cases in which definite symptoms are present the detection of the disease in its incipient stage often presents one of the most difficult and time-consuming problems in the field of clinical medicine. Realising the significance of this recently acquired knowledge, the medical profession has been quick to intensify its drive against tuberculosis and consequently there has been an appreciable increase in the number of cases referred to the dispensaries for investigation. The examination of contacts and their re-examination at intervals is being increasingly emphasised at the dispensaries in all cases where their co-operation can be obtained. In the prevention of the disease the importance of this part of dispensary routine cannot be overestimated.

The number of persons referred to the dispensary by the Ministry of Labour and National Service for examination and report in connection with the Disabled Persons (Employment) Act, 1944, has steadily mounted and present indications seem to show that a steady increase in these figures can be anticipated for some time.

The dispensary attendance figures have been further augmented by the increasing number of ex-service personnel found to be suffering from tuberculosis and in this group the majority are found to have lost their health as a result of the miseries they have endured and the privations they have suffered whilst being prisoners of war.

It will be readily appreciated that, with the increase in the number of patients now attending the dispensary, the daily sessions have become much heavier and it is in consequence found to be impossible to overtake the work as expeditiously as formerly and this necessarily means that patients are sometimes submitted to an irksome period of waiting before consultation. Consideration is meantime being given to the best method of remedying this unfortunate position but a first essential would appear to be the provision of additional assistance to the medical staff.

For some time past the accommodation available at the Royal Victoria Dispensary has been barely sufficient for the demands made upon it but this difficulty is also receiving due consideration.

The number of contacts examined at the Royal Victoria Dispensary during the year was 1,452.

Sputa examined totalled 2,213.

Full use was made of the X-ray installation and during the year the number of patients photographed was 3,016.

In the Artificial Sunlight Department 74 patients received 3,143 treatments.

	Insured.	Not Insured.	Total.
Home Visitation by Nurses—			
For Year 1945	8,719	4,854	13,573

MAINTENANCE ALLOWANCES.

The granting of allowances to certain patients suffering from tuberculosis was started in Edinburgh in July 1943.

The object of such allowances was "to relieve the patient of financial anxiety during the period of treatment or of observation in an institution." The benefits of the grants are extended only to such cases of pulmonary tuberculosis as are considered likely to be able to return to gainful occupation following the completion of their course of treatment or observation.

It is emphasised that the chronic cases who are unable to work are not eligible for such grants and this limitation is regarded by many as constituting an unjustifiable hardship to the patients and their dependants. The scheme has unquestionably encouraged many patients to undergo the necessary institutional treatment who otherwise would have felt themselves obliged to refuse treatment

for purely financial reasons. There is much to be said for extending the present scope of the scheme to include not only advanced cases of pulmonary tuberculosis but also non-pulmonary cases.

The following particulars relate to the granting of maintenance allowances, discretionary allowances and special payments during the past year:—

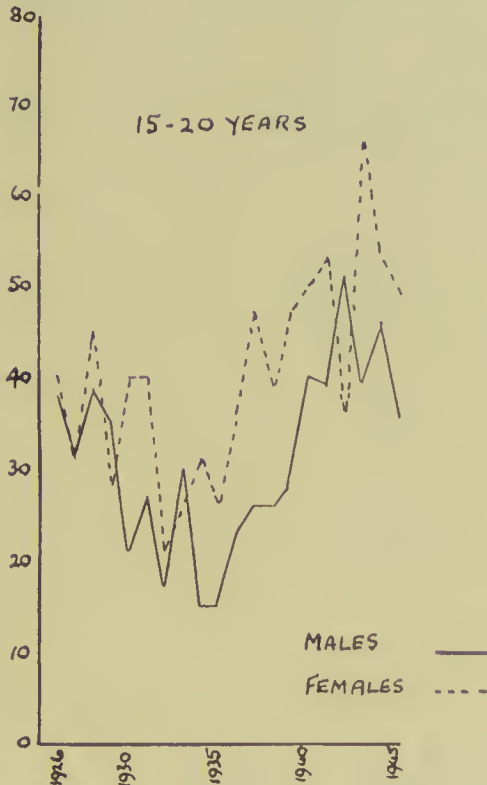
No. of applications for Tuberculosis Allowances	...	...	...	...	152
No. of Tuberculosis allowances granted	...	...	...	...	109
Maintenance	...	...	...	...	102
Discretionary	...	...	...	...	45
Special Payments	...	...	...	...	15
No. refused on medical grounds	...	...	...	...	36
No. refused on assessment	...	...	...	...	3
No. withdrawn by applicant	...	...	...	...	3
No. under consideration at 31st December 1945	...	...	...	...	1
No. of Tuberculosis allowances payable on 31st December	...	...	...	...	58
No. withdrawn—fit to resume work	...	...	...	...	29

The total weekly average payments amounted to £109, 18s. 9d. The total payment during the year was £5,716, 13s. 6d., as compared with £5,740, 3s. in the previous year.

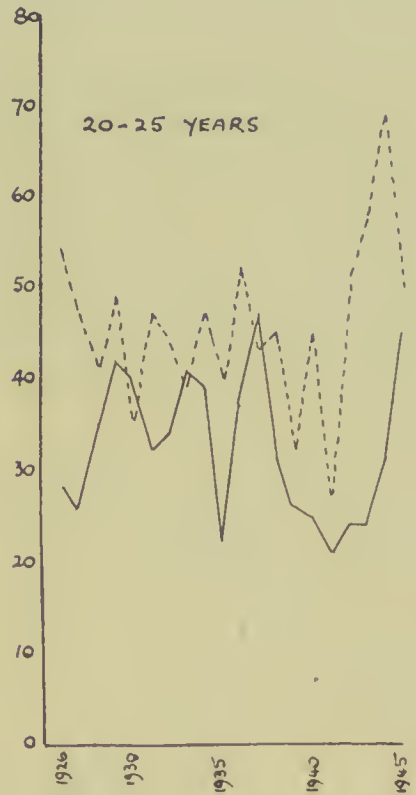
Acknowledgments.—It is a duty and a pleasure for me to record my sincere gratitude and thanks to all members of the Tuberculosis Department for their loyal co-operation and generous help during the past year.

PULMONARY TUBERCULOSIS NOTIFICATIONS.

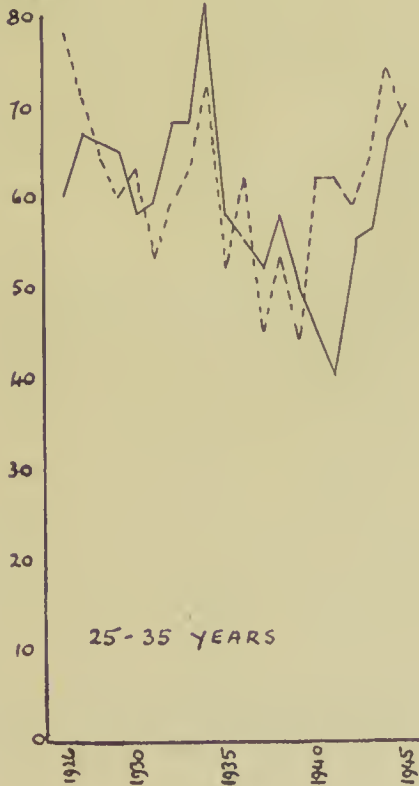
No. of CASES



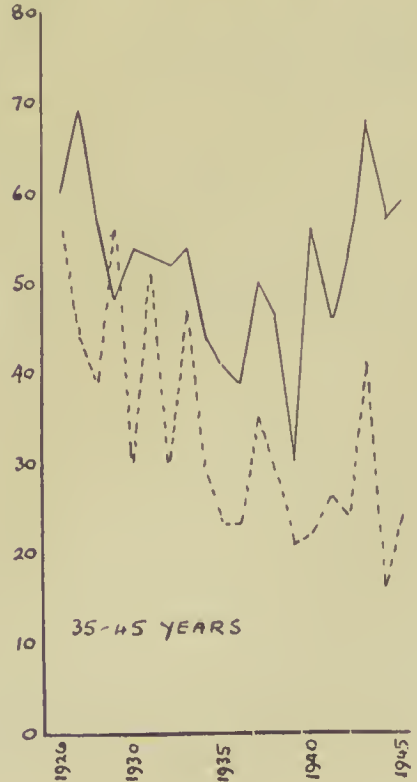
No. of CASES



No. of CASES



No. of CASES



PULMONARY TUBERCULOSIS NOTIFICATIONS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65+ years.		TOTALS.			Incidence Rate per 100,000 Population.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.	
1935 ...	18	19	15	26	22	40	58	52	41	23	37	18	33	12	15	8	239	198	437	95
1936 ...	7	10	23	36	37	52	55	62	39	23	48	19	36	12	13	21	258	235	493	106
1937 ...	20	17	26	47	47	43	52	45	50	35	34	23	21	10	11	6	261	226	487	104
1938 ...	12	14	26	39	31	45	58	53	46	29	44	12	28	16	14	9	259	217	476	101
1939 ...	12	18	28	47	26	32	50	44	30	21	43	20	24	14	14	10	227	206	433	92
Average 1935-39	14	16	24	39	33	42	55	51	41	26	41	18	28	13	13	11	249	216	465	100
1940 ...	14	13	40	50	25	45	45	62	56	22	41	13	25	15	19	4	265	224	489	114
1941 ...	20	28	39	53	21	27	40	62	46	26	39	19	26	9	17	7	248	231	479	111
1942 ...	25	17	51	36	24	51	55	59	53	24	33	8	34	12	9	10	284	217	501	118
1943 ...	26	32	39	66	24	58	56	64	68	41	43	12	34	10	13	6	303	289	592	142
1944 ...	16	21	46	53	31	69	66	74	57	16	42	10	31	1	5	10	294	254	548	131
Average 1940-44	20	22	43	52	25	50	52	64	56	26	40	12	30	9	13	7	279	243	522	123
1945 ...	26	18	35	49	45	50	70	67	59	24	35	12	24	9	15	2	309	231	540	127

PULMONARY TUBERCULOSIS DEATHS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65+ years.		TOTALS.			Death Rate per 100,000 Population.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.			
1935 ...	7	6	4	8	9	15	28	32	31	19	30	16	26	12	16	6	151	114	265	57
1936 ...	1	5	11	9	15	21	26	30	26	20	40	13	28	9	17	16	164	123	287	62
1937 ...	2	8	10	22	19	25	33	46	28	16	22	11	30	13	8	7	152	148	300	64
1938 ...	7	3	12	23	17	29	33	28	23	22	37	3	21	10	13	5	163	123	286	61
1939 ...	4	4	7	14	15	21	21	30	33	19	41	18	25	9	17	7	163	122	285	60
Average 1935-39	4	5	8	15	15	22	28	33	28	19	34	12	26	11	14	8	159	126	285	61
1940 ...	5	8	11	22	8	21	31	41	37	12	30	16	24	13	20	9	166	142	308	72
1941 ...	3	7	9	16	10	34	31	38	31	15	27	17	31	10	18	4	160	141	301	70
1942 ...	5	5	10	22	11	32	20	41	28	17	25	7	28	11	13	14	140	149	289	68
1943 ...	6	9	10	16	8	27	31	37	36	29	36	12	31	8	16	9	174	147	321	77
1944 ...	5	9	9	17	10	25	17	32	26	27	24	7	26	3	11	7	128	127	255	61
Average 1940-44	5	8	10	19	9	28	26	38	32	20	28	12	28	9	16	9	154	141	295	70
1945 ...	1	6	8	10	10	14	20	31	32	10	28	6	18	5	14	5	131	87	218	51

In the following table the type of house occupied by the infected persons is shown.

Sixty-four per cent. of the sufferers were living in houses of three rooms or less :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
31	149	166	155	11	28	540

Deaths in Relation to Notification.—The deaths from pulmonary tuberculosis since 1936 are classified to show the lapse of time between notification and death. It will be observed that 53 or 24 per cent. of the cases during 1945 proved fatal within six months after notification while 52 came to the knowledge of the Department after death had actually occurred.

Year	Within 1 Month	From 1-3 Months	From 3-6 Months	From 6 Months to 1 Year	From 1-2 Years	Over 2 & Under 3 Years	Over 3 & Under 4 Years	From 4 Years Upwards	Notified After Death	Total
1936	36	32	19	30	43	22	14	51	40	287
1937	34	26	21	38	37	20	14	64	46	300
1938	32	35	26	24	49	19	18	41	42	286
1939	13	19	19	37	52	14	27	53	51	285
1940	31	31	23	29	42	16	25	62	49	308
1941	31	28	22	28	41	17	20	59	55	301
1942	20	26	14	17	40	30	20	73	49	289
1943	22	27	25	35	42	28	14	59	69	321
1944	14	25	14	25	29	29	18	49	52	255
1945	16	17	20	20	26	16	10	41	52	218

TUBERCULOSIS DEATH RATES IN SCOTLAND.

The death-rates quoted herewith are extracted from the Registrar-General's preliminary statement for 1945, and enable a comparison to be made with Edinburgh and other large centres of population :—

Town.	Death rate per 1000.		Town.	Death rate per 1000.	
	Pulmonary Tuberculosis.	All forms of Tuberculosis.		Pulmonary Tuberculosis.	All forms of Tuberculosis.
Glasgow	1.06	1.33	Paisley	0.67	0.84
Edinburgh...	0.51	0.69	Greenock	0.98	1.27
Dundee	0.68	0.86	Motherwell&Wishaw	0.75	0.94
Aberdeen	0.43	0.51	Clydebank	1.06	1.34

NON-PULMONARY TUBERCULOSIS NOTIFIED CASES AND DEATHS.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1925	194	10	93	37	53	57	6	...	13	3	17	8	71	7	30	11	495	165	116	39
1930	94	5	69	25	45	41	9	...	15	3	20	4	30	...	6	12	295	90	67	21
1935	62	4	62	13	34	36	9	2	19	5	11	5	22	3	5	2	233	79	51	15
1940	42	1	17	11	46	38	1	...	6	3	9	7	33	1	6	24	174	85	41	20
1941	33	...	16	9	44	34	1	...	8	5	19	2	35	5	5	21	185	76	43	18
1942	47	2	21	11	37	24	4	3	1	3	16	3	32	4	6	17	183	67	43	16
1943	29	...	18	9	33	27	3	...	5	5	20	4	28	2	2	15	150	64	36	15
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36	11
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34	18

HOSPITAL TREATMENT OF PULMONARY TUBERCULOSIS.

The following table shows the numbers of cases of pulmonary tuberculosis treated in the City Hospital, Royal Victoria Hospital and Bangour Hospital during the years 1935-1945 :—

Year	Remained at End of Previous Year			Admitted			Number Treated During Year			Total Number Treated in Hospitals
	C. H.	R. V. H.	Bangour	C. H.	R. V. H.	Bangour	C. H.	R. V. H.	Bangour	
1935	129	70	...	344	141	...	473	211	...	684
1936	129	75	...	354	139	...	483	214	...	697
1937	140	74	...	334	141	...	474	215	...	689
1938	131	72	...	331	140	...	462	212	...	674
1939	138	69	...	322	137	...	460	206	...	666
1940	122	44	...	341	108	...	463	152	...	615
1941	132	75	...	287	107	...	419	182	...	601
1942	133	74	...	349	106	...	482	180	...	662
1943	167	68	...	371	111	16	538	179	16	733
1944	179	73	16	279	124	25	458	197	41	696
1945	159	72	13	302	133	11	461	205	24	690

HOSPITAL TREATMENT OF NON-PULMONARY TUBERCULOSIS.

In the year preceding the war 121 surgical cases were admitted to the City Hospital, but as beds were required for other purposes, only a limited number could be accommodated. Eighty-five cases were admitted during 1939, while

in 1940 there were 43 and in 1941 only 18. In the latter year an arrangement was made whereby 50 beds were set aside at Bangour Emergency Medical Hospital for the reception of tuberculosis patients and the first admissions took place in August.

In view of the urgent need for additional accommodation, a further 50 beds were made available at Bangour in 1942, making a total of 100 beds for the treatment of surgical cases. During the past four years the average number treated was 159.

The annual numbers of non-pulmonary tuberculosis cases treated in the City Hospital since 1935 were :—

1935	...	...	...	145 cases.	1939	...	...	...	160 cases.
1936	...	...	...	163 „	1940	...	...	...	87 „
1937	...	...	...	150 „	1941	...	...	...	63 „
1938	...	...	...	185 „	1942	...	...	...	51 „

and in Bangour Hospital :—

1942	...	...	...	159 cases.	1944	...	...	...	156 cases.
1943	...	...	...	153 „	1945	...	...	...	167 „

At the end of 1945 the number of patients remaining under treatment for all forms of tuberculosis was :—

Pulmonary Tuberculosis	...	...	...	...	244
Non-Pulmonary Tuberculosis	...	...	...	...	96
Total	...	...	...	...	<u>340</u>

The total number of beds available at the end of the year at the three Municipal Hospitals is as follows :—

	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis.
City Hospital	191 beds.	...
Bangour Hospital	20 „	100 beds.
Royal Victoria Hospital	76 „	...
Total...	<u>287 „</u>	<u>100 „</u>

CHILD WELFARE DEPARTMENT.

Statistics for the Year 1945.

Births	...	...	...	...	...	...	...	(Notified)	9,397
								(Corrected for transfers)	7,362
Infant Mortality Rate (per 1000 births)	...	...	...	...	...	...	...	...	50
Maternal Deaths	...	...	...	...	...	...	...	...	18
	(2.4 per 1000 total births, live and stillborn)								
No. of Deaths of Children under 5 years	...	...	...	...	...	...	...	...	467
No. of Child Welfare Centres at which various Clinics are held	...	...	...	...	...	...	...	...	20

Health Supervision and Minor Ailments.

No. of Clinics held	...	...	...	...	...	...	...	...	1,951
No. of New Cases seen (under 1 year)	...	...	...	...	...	...	...	5,456	
Do. (over 1 year)	...	...	...	...	...	...	...	1,447	
								<u>6,903</u>	
No. of Revisits (under 1 year)	...	...	...	...	...	...	...	34,784	
Do. (over 1 year)	...	...	...	...	...	...	...	17,970	
								<u>52,754</u>	
Total No. of Cases seen (under 1 year)	...	...	...	...	...	...	...	40,240	
Do. (over 1 year)	...	...	...	...	...	...	...	19,417	
									59,657

Ultra-Violet Ray.

No. of Clinics held	...	...	...	...	...	...	...	...	809
No. of New Cases seen (under 1 year)	...	...	...	...	...	...	...	131	
Do. (over 1 year)	...	...	...	...	...	...	...	788	
								<u>919</u>	
No. of Revisits (under 1 year)	...	...	...	...	...	...	...	984	
Do. (over 1 year)	...	...	...	...	...	...	...	10,707	
								<u>11,691</u>	
Total No. of Cases seen (under 1 year)	...	...	...	...	...	...	...	1,115	
Do. (over 1 year)	...	...	...	...	...	...	...	11,495	
									12,610

Rheumatic.

No. of Clinics held	...	...	...	...	...	...	...	...	51
No. of New Cases seen	...	...	...	...	...	...	...	45	
No. of Revisits	...	...	...	...	...	...	...	337	
								<u>382</u>	

Ante-natal and Post-natal.

No. of Clinics held	...	...	...	...	...	...	...	...	1,160
No. of Ante-natal Cases seen (New)	...	...	...	...	...	...	...	7,646	
Do. (Revisits)	...	...	...	...	...	...	...	42,277	
								<u>49,923</u>	
No. of Post-natal Cases	...	...	...	...	...	...	...	...	5,145

Home Visits to Mothers and Children.

	1st Visits.		Subsequent Visits.		Ante-natal.	
	-1 yr.	+ 1 yr.	-1 yr.	+1 yr.	1st	Sub
By Health Visitors	5,196	215	16,135	24,045	1,511	977
„ Students	538	59	1,794	4,653	136	91
	5,734	274	17,929	29,598	1,647	1,068
	6,008		47,527		2,715	
	53,535					

CITY OF EDINBURGH.
INFANT MORTALITY AND NEONATAL MORTALITY RATES.
 (Per 1000 Births).

Year.	Infant Mortality Rate.	Quin- quennial Average	Neonatal Mortality Rate.	Quin- quennial Average.	Mortality Rate 1-12 Months.	Quin- quennial Average.
1911	115		42		73	
1912	110		45		66	
1913	101		41		60	
1914	110		44		66	
1915	132	114	44	43	88	71
1916	100		45		55	
1917	123		42		81	
1918	94		40		54	
1919	117		43		73	
1920	89	105	38	42	51	63
1921	96		38		58	
1922	91		37		54	
1923	82		33		49	
1924	89		36		54	
1925	96	91	33	35	63	56
1926	80		30		50	
1927	80		33		47	
1928	75		31		44	
1929	80		35		45	
1930	82	79	32	32	49	47
1931	69		33		36	
1932	73		32		41	
1933	66		32		34	
1934	62		29		34	
1935	70	68	34	32	35	36
1936	68		34		34	
1937	70		38		32	
1938	61		34		27	
1939	59		33		27	
1940	68	65	34	35	34	31
1941	66		32		34	
1942	56		29		27	
1943	54		27		26	
1944	51		28		23	
1945	50	55	25	28	25	27

DEPARTMENT OF VENEREAL DISEASES.

CLINICAL OFFICER'S REPORT FOR THE YEAR 1945.

New Applicants.—The statistical returns for 1945 show an increase in the number of those presenting themselves at the Clinics, the 1945 total of new applicants being 4,276 as against 3,958 in 1944, an increase of 318. Fig. 1, a graph of the Royal Infirmary cases, shows the variations from year to year since 1938.

Of the new applicants examined, the number found to be infected was 2,044, a slight decrease on the figure 2,180 recorded in 1944. The details of the 1945 infections are given in tabular form and for comparison are followed by the figures for 1944, the latter being in brackets:—

Syphilis	...	...	...	...	521 (821)	25·5 (37·7)	per cent.
Gonorrhœa	...	...	...	...	844 (648)	41·3 (29·7)	„
Chancroid	...	...	...	...	13 (30)	0·6 (1·4)	„
Non-specific venereal disease	...	...	...	...	666 (681)	32·6 (31·2)	„

The patients admitted to hospital numbered 1,127 as against 855 in 1944. The out-patient attendances increased to 74,771 as compared with 67,571 in 1944.

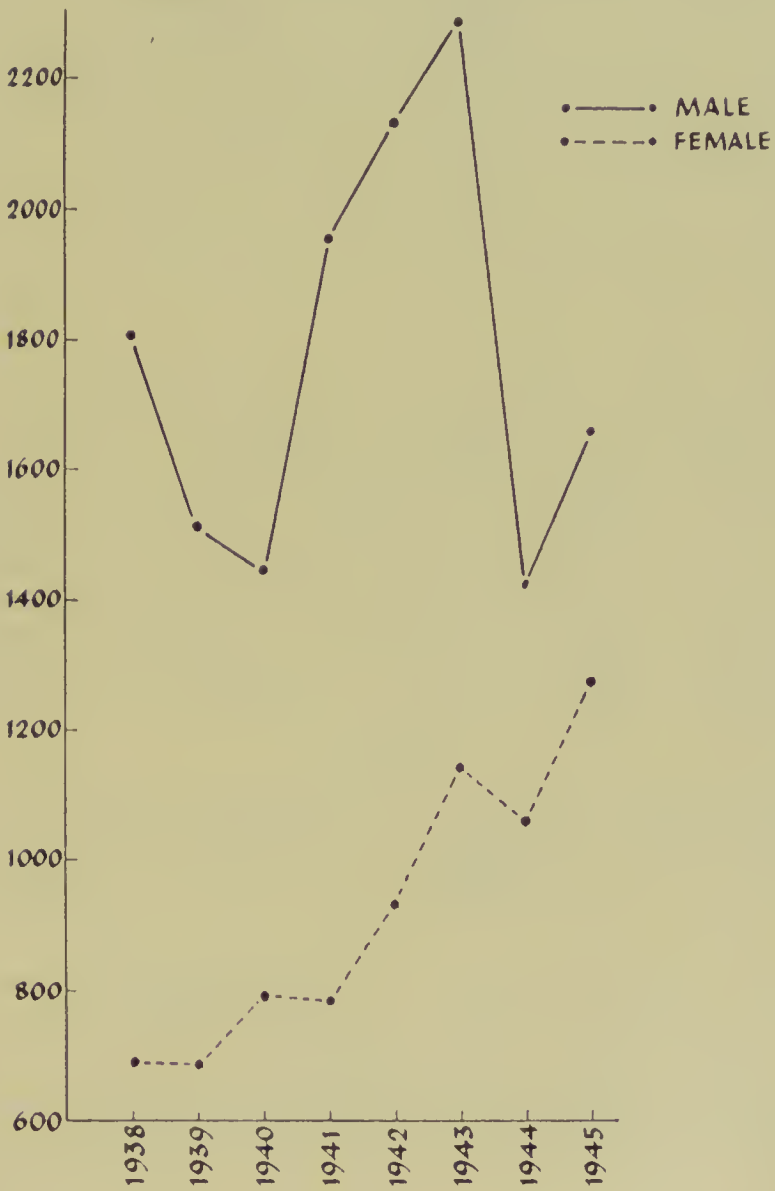
Syphilis.—The total (521) of new cases of syphilis represents a sharp decline, not only from the total (821) of the previous year 1944, but especially from the totals (1,066 and 1,082) recorded in the peak years 1943 and 1942. Indeed, as compared with the mid-war period, the incidence in 1945 marks a drop of over 50 per cent. In the 1944 report, it was noted that the number of female cases slightly exceeded the male, and in 1945 this preponderance of female over male cases became greatly exaggerated, the number of women suffering from syphilis (323) being 63 per cent. in excess of the number (198) of men so affected.

Total New Cases of Syphilis.

Year.	Males.	Females.	Total.
1938	342	360	702
1939	321	423	744
1940	328	384	712
1941	550	362	912
1942	690	392	1,082
1943	598	468	1,066
1944	406	415	821
1945	198	323	521

The apparent improvement in 1945 was undoubtedly due to the absence on war service of the young male and young female sections of the population. In 1944 the young adult section of the community was transferred away from this area in preparation for "D-Day," and in 1945 many young adults, especially men, were engaged in service on the Continent. Only by this factor can be explained, not only the general drop in the incidence but also the gross discrepancy in the distribution of the cases as between the two sexes. Another factor operating in 1945 was the concentration of shipping in the ports of the south of England and the consequent transference and diversion away from the port of Leith.

FIGURE 1.
Royal Infirmary, Edinburgh—Total new V.D. cases.



That the removal of the sexually-active part of the population away from this area was a major cause of the reduction in numbers of the syphilis cases was proved when, in the later months of 1945, young adults were being released from the Services and returning to civil life. Coincidentally with the inward flow of demobilized personnel in November and December, the numbers of new cases rose steeply, and was especially pronounced in the early recent infections.

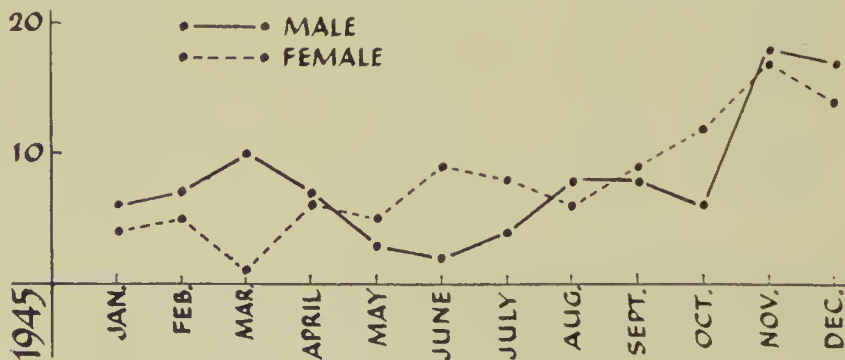
A further analysis of the patients suffering from syphilis shows the distribution of the cases to be as follows :—

Year.	Early Syphilis.		Syphilis under Treatment.		Later stages of Syphilis.		Congenital Syphilis.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Women & Children
1938 ...	94	30	80	45	145	136	23	149
1939 ...	137	62	50	84	117	123	17	154
1940 ...	142	88	50	42	125	122	11	132
1941 ...	345	87	78	47	106	104	21	124
1942 ...	445	183	107	42	110	73	28	94
1943 ...	313	196	174	66	97	79	14	127
1944 ...	117	133	189	43	89	94	16	140
1945 ...	110	115	144	80	84	104	4	104

Early Syphilis.—That the improvement indicated by the reduction in the recent infections of syphilis is more apparent than real is demonstrated by the monthly returns: the leap which occurred in November and December in the number of cases both in men and in women coincided with the post-demobilization influx of young adults and an approach towards restoration of the normal peace-time balance in the distribution of the sexes. The general trend during the year is shown by Fig. 2, which is a graphical representation of the monthly returns for the Royal Infirmary clinics only.

FIGURE 2.

Royal Infirmary, Edinburgh—New cases of Early Syphilis.



Syphilis under Treatment.—The preponderance of males over females coming under this heading is less marked than in 1944, the difference probably being partly accounted for by the lessened maritime activity of the Port of Leith and the consequent lessened numbers of seamen coming for continuation of treatment already begun in other centres, and partly by the general increase in the proportion of female cases.

Later Stages of Syphilis.—Here again, as in 1944, the female cases outnumber the male, the downward trend in the numbers being less marked for the women patients.

Congenital Syphilis.—It is gratifying to be able once again to record a decrease in congenital cases, and this in spite of the high levels attained by the recent infections in women all through the war period. It will be noted that most of the congenital cases fall into the column for women and children and that this large excess over the figures for males will swell the disparity in the sex distribution of the total new cases, but this error due to the incomplete separation of the sexes has remained relatively constant over the last eight years.

The decline in congenital syphilis is a striking and favourable commentary on the administrative and therapeutic efficiency of the V.D. Scheme. In particular, this success serves to stress the value of the routine Wassermann blood-testing of expectant mothers as practised actively in the Maternity Department of the Royal Infirmary. During 1945, the number of expectant mothers blood-tested was 3,183, and of these 21 were found to require treatment for syphilis and were given such treatment.

Gonorrhœa.—The subjoined table shows the incidence for the last eight years.

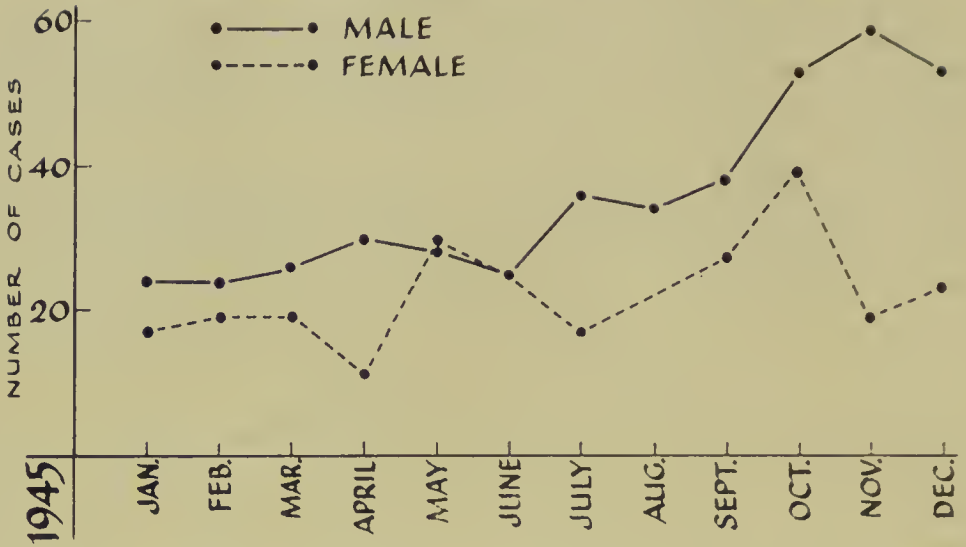
New Cases of Gonorrhœa.

Year.					Males.	Females.	Total.
1938	...	...	...	...	780	288	1,068
1939	...	...	...	...	561	242	803
1940	...	...	...	...	609	205	814
1941	...	...	...	...	903	284	1,187
1942	...	...	...	...	835	278	1,113
1943	...	...	...	...	688	306	994
1944	...	...	...	...	397	251	648
1945	...	...	...	...	529	315	844

The figures for both sexes show a substantial increase over the corresponding numbers for 1944. Why, it may be asked, has this increase occurred when syphilis has dropped? At first sight this anomaly would appear to be hard to explain, but the following reasons may be offered. As was noted when the increase in syphilis consequent upon demobilization was under consideration, the rise in numbers occurred largely in the last two months of the year, but, as concerned gonorrhœa, the jump in the figures started a month earlier, in October, as might be expected with the shorter incubation period of gonorrhœa, so that three high monthly returns fall to be included instead of the two only for syphilis. Fig. 3, a graph of the Royal Infirmary cases displays the earlier autumn rise.

FIGURE 3.

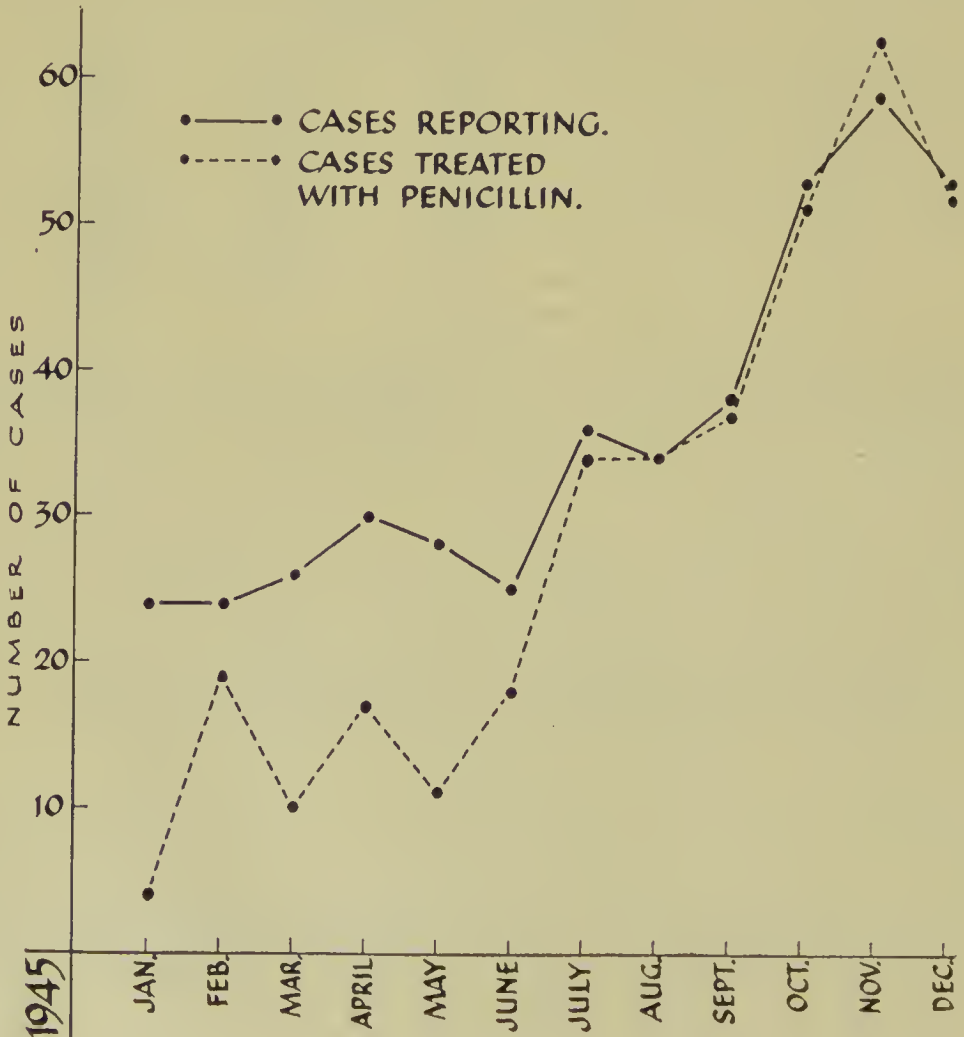
Royal Infirmary, Edinburgh—New cases of Gonorrhœa.



The introduction and operation of a new factor, namely the influence of treatment by penicillin, is shown in Fig. 4. It may be considered reasonable to assume that the expectation of being given penicillin treatment for their gonorrhœa attracted to the clinics patients who might otherwise have preferred to receive sulphonamide therapy from their own doctors.

FIGURE 4.

Royal Infirmary, Edinburgh—Gonorrhœa in men: Treated by Penicillin.



Penicillin in the Treatment of Venereal Diseases.—Throughout the year 1945, as the resources for the manufacture of penicillin were improved and developed and supplies of this drug became more and more liberal, the proportion of the gonorrhœa cases who were given the benefit of penicillin treatment steadily increased and figure No. 4 gives a graphical indication of the position throughout the year.

In August 1945, the medical staff submitted for publication in the *Edinburgh Medical Journal* an article entitled "Penicillin in the Treatment of Venereal Diseases: a Year's Experience in a Civilian Clinic." The conclusions arrived at in this article may be quoted as summarizing the position in the late summer of 1945.

"One day's treatment, comprising four or five intramuscular injections of penicillin at three-hourly intervals to a total dosage of 150,000 to 160,000 Oxford units, will effect a cure of gonorrhœa in a very high proportion of cases, whether in men or in women.

Syphilis requires a much higher dosage than gonorrhœa, and the dose sufficient to cure a gonorrhœa may only hinder the recognition of a concomitant syphilis.

Eight days of treatment, comprising sixty days intramuscular injections of penicillin at three-hourly intervals to a total dosage of 2,400,000 O.u., will produce apparent clinical cure in early syphilis with reduction or reversal of positive serological tests, in either sex. Penicillin is therefore an exceedingly potent, as it is also a non-toxic remedy the value of which cannot yet be assessed, but the use of which should serve to shorten greatly the therapeutic schedules of the future.

The year 1944 marked the commencement of the 'penicillin era' in the treatment of the two major venereal diseases."

Since August 1945, a more extensive trial has been made of the method of prolonging the action of penicillin by suspending it in a vehicle composed of nut oil and beeswax. This penicillin—oil-beeswax preparation (P.O.B.) can attain a very high cure-rate in the treatment of gonorrhœa when given in only one or two intramuscular injections, carrying a dose of penicillin of about 250,000 units.

In the treatment of syphilis, the experience of 1945 showed that the 2·4 million (mega) units originally adopted empirically as the total dose was not adequate to eradicate other than the very earliest sero-negative cases of primary syphilis. Accordingly, for sero-positive primary and secondary cases, the individual three-hourly injection dose was stepped up to 50,000 units, the course prolonged from 60 to 100 injections, and even this much higher total dosage of 5 mega units supplemented by the time-honoured conventional arsenical and bismuth therapy.

Fever Cabinet Treatment.—During 1945, the extended use of and experience with penicillin confirmed the impression recorded in the 1944 Report that penicillin could be relied upon to cure cases of gonorrhœa which had resisted the action of sulphonamide drugs. In fact, sulphonamide-resistant gonococcal infections proved to be just as vulnerable to penicillin as were the fresh untreated cases. Accordingly,

penicillin became the treatment of first choice for sulphonamide-resistant gonorrhœa, and, quickly becoming established in this role, soon entirely supplanted the fever cabinet for this type of case, and thereby eliminated what had previously been the most frequent indication for inductotherapy. As penicillin was being given clinical trial in complicated as well as uncomplicated gonorrhœa and in tertiary and central nervous system syphilis, as well as in the early (primary and secondary) infections, recourse to the fever cabinet, which, even after the introduction of the sulphonamide drugs had often seemed unavoidable, now, in the presence of a much simpler, safer, surer, and more agreeable alternative, became relegated to a position of much less importance as being no longer a well-nigh indispensable necessity.

During 1945, therefore, comparatively few patients were subjected to fever cabinet treatment, the number for the year being 24 which included the following:—general paresis, 6 cases; gonococcal arthritis, 6 cases; gonococcal iritis, 5 cases; tabes dorsalis, 2 cases; taboparesis, 1 case; lymphogranuloma inguinale, 3 cases; thrombo-angiitis obliterans, 1 case.

These 24 patients between them received a total of 79 sessions in the fever cabinet.

Default.—It has been found that penicillin cures gonorrhœa so quickly, so easily, and so simply that it has become very difficult to persuade patients to remain under observation for six months when they feel perfectly well and have no symptoms inside three or four days. A disease which is cured so readily and so quickly that complications or bad after-effects seldom arise must inevitably lose most of the terrors which it possessed in the old irrigation and urethral stricture days. Disabling complications like arthritis and iritis are so infrequently encountered now, that students of the post-penicillin era will seldom see such cases and will soon regard them as rarities. As for the penicillin-treated gonorrhœa patient, he must often have had more trouble and inconvenience, more illness and more loss of work, from a cold in the head. When a discharge from the urethra is apparently completely better, why keep on going to the doctor?—so argues the patient, and something of this attitude may be reflected in the increase in the number of defaulters.

Defaulters.

Year.			Number.	Per Cent.
1938	...	...	528	23·5
1939	...	...	539	24·3
1940	...	...	393	21·9
1941	...	...	397	19·8
1942	...	...	376	20·8
1943	...	...	404	23·4
1944	...	...	328	23·0
1945	...	...	399	16·2

Similarly with syphilis, the 5 mega-units course of penicillin is completed in the 12½ days period of treatment in hospital, the sores and spots have for the most part vanished and a not very unnatural or uncommon reaction of the patient is to

say " Goodbye to all that " and vanish too. He knows he has received 100 injections of penicillin, whatever more, and twice as big a total dose as some of his Army chums got, and he is strongly inclined to " call it a day."

The control of default is closely bound up with the next subject, that of record-keeping and statistical returns.

Record-keeping and Statistical Returns.—Obviously, the " follow-up " of defaulters is greatly facilitated by such an elaborate and comprehensive system of record-keeping as will show at a glance whether or not a particular patient is attending regularly or is in default and needs to be followed up. Obviously also, such an elaborate system requires for its operation an adequate and numerous special clerical staff complete with Hollerith operators. As no such provision has ever been made in connection with the Edinburgh scheme, it is futile to expect, for example, that the follow-up of male defaulters can be made without some delay, or that the new requirements of the government annual return, Form V.R.1, can be complied with in their detailed, comprehensive and exhaustive entirety.

In the opinion of the Clinical Officer the whole system of record-keeping needs to be reorganised with the adoption of modern methods to bring it into line with that of a comparable local authority where, for the V.D. clinics, six clerks of various grades are provided to cope with the work which in Edinburgh is expected from one single secretarial assistant.

Turn-over of Patients.—During 1945 the total number of patients under treatment was 6,596 ; during the year, 399 patients defaulted, 882 were transferred to other centres for continuation of treatment, 3,022 were discharged and 34 died, thus leaving at the end of the year 2,259 patients still under observation and treatment.

Defence Regulation 33B.—The following is a summary of the year's working of Regulation 33B :—

Number of cases notified once only	...	...	...	...	...	...	159
Number of cases notified twice or more	...	...	...	...	...	...	11
Total number of cases notified	...	...	...	...	...	...	<u>170</u>
Total notifications received	...	...	...	...	...	...	<u>181</u>

Forty-two of these notifications were referred to the Services or to other Local Authorities and, (owing to insufficient particulars), 44 could not be traced, but during 1945, 77 persons were brought to the clinics, and, on medical examination, 46 of these (60 per cent.) had infections and 43 (56 per cent.) had either syphilis or gonorrhœa. When the operation of this measure throughout the whole country is pondered, it is evident that the number and potential menace of the sources of infection traced and treated since the autumn of 1944 must be considerable. The cumulative effect, therefore, of " 33B." in preventing the spread of communicable disease, and in thereby avoiding loss of working time and conserving man-power, must have contributed in no small measure to the national war effort. It is noteworthy also that none of the many critics of " 33B." has been able to secure the acceptance by the competent authorities of any alternative to this constructive and helpful piece of legislation.

The operation of Regulation 33B. has involved a considerable addition to the work of the Nurse Almoner.

The Nurse Almoner's Report for 1945 shows that 947 cases were investigated and followed-up and that of these, 878 or 92·7 per cent returned to the Clinics for treatment and observation. The pursuance of this work meant that the nurse almoner paid 1,983 visits during the year. The number (947) of cases investigated this year exceeded the number (752) for 1944 by 195, representing almost a 26 per cent. increase. In this connection it should be remarked that the social work conducted in the Newcastle V.D. scheme is undertaken by a whole team of health visitors, whereas here in Edinburgh only one whole time almoner is provided, with some part-time assistance given by one of the clinic nurses. And yet the efficiency of the work, so far as women and children are concerned, will bear comparison with any other centre. Male defaulters are followed up by reminder letters, but not by domiciliary visitation, and the lack of provision of clerical staff for the checking and ascertaining of attendances renders more timely and more effective intervention unattainable.

Acknowledgments.—The Clinical Officer desires to place on record his appreciation of the valuable services and support of his staff, who have combined as an enthusiastic team to ensure the smooth working of the department.



COUNTRY DANCING
Display in Princes
St. Gardens during
Health Week, May
1946.

Evening News Photo.



MOBILE DENTAL
UNIT

For service at out-
lying Schools.

Evening News Photo.

SCHOOL MEDICAL SERVICE.

REPORT BY THE SCHOOL MEDICAL OFFICER.

(Session 1944-45.)

HEIGHTS AND WEIGHTS.

The table below gives average figures for the three chief age-groups of heights in inches, and weights in pounds, for the last four school sessions. The following points of interest arise.

Infant entrants.—Both boys and girls are shorter and lighter than those enrolled in 1940-41 but both are better than those enrolled in the two intervening sessions. Incidentally, the increase in height and weight during the four years preceeding 1940-41 is noteworthy.

Nine-year-olds.—The boys are not so tall as were the 1940-41 group but both boys and girls are heavier: the boys by 1·23 lbs. and the girls by 2·38 lbs.

Thirteen-year-olds.—Here, again, the boys are not so tall as those of 1940-41 but both boys and girls are heavier.

		1936-37	1940-41	1942-43	1943-44	1944-45
		Av. Ht.	Av. Ht.	Av. Ht.	Av. Ht.	Av. Ht.
Inf. Boys	... ..	42·5	42·99	42·25	41·97	42·31
Inf. Girls	... ..	42·0	42·61	41·92	41·95	41·97
9-year-old Boys	... ..	—	51·63	51·06	50·86	51·11
9-year-old Girls	... ..	—	51·26	50·81	50·54	52·56
13-year-old Boys	... ..	*56·7	59·19	59·10	58·65	59·15
13-year-old Girls	... ..	*57·3	59·89	59·76	59·64	65·45
		Av. Wt.	Av. Wt.	Av. Wt.	Av. Wt.	Av. Wt.
Inf. Boys	... ..	41·6	42·83	41·74	41·61	41·97
Inf. Girls	... ..	39·9	41·42	40·14	40·5	40·58
9-year-old Boys	... ..	—	61·16	61·67	61·86	62·39
9-year-old Girls	... ..	—	60·93	60·16	60·28	63·31
13-year-old Boys	... ..	*79·6	91·45	91·72	88·33	92·16
13-year-old Girls	... ..	*81·1	95·05	95·94	95·74	104·5

*(12-year-old children in 1936-37.)

Figures for 1941-42 not available.

These weight increases are probably related to the increased supply of milk and meals in school. The figures for these are as follows:—

		Milk: Bottles.	Meals.	Food cost per meal.
1940-41	... ..	6,271,314	1,614,174	1·36d.
1944-45	... ..	10,554,028	2,918,604	5·8d.

Fitness.—The standard of fitness for evacuation introduced in 1939-40 has been retained in subsequent years for comparison. Children with “slight defect” could be rendered “fit” in a few hours, and those with “marked defect” would require to remain in a hostel for some days or be subject to a special evacuation arrangement.

	1940-41	1941-42	1942-43	1943-44	1944-45
Examinations	39,720	40,151	28,428	40,514	45,826
Fit	70.6 per cent.	75.1 per cent.	79.2 per cent.	76.8 per cent.	73.4 per cent.
Slight Defect	21.3 „	18.8 „	16.2 „	18.5 „	21.3 „
Marked Defect	8.0 „	5.9 „	4.5 „	4.6 „	5.3 „

Scabies—The fall in the number of cases of scabies continued during 1945. Moreover, patients came at an earlier stage of the disease so that few cases of generalised scabies were seen and none of the severely septic cases which were frequent in 1943. But, as the number of cases is ten times what it was ten years ago, it would seem that it will be some years before the epidemic will descend to the “normal” level.

Comparative figures for recent years are as follows:—

Year.	Ages.				Total Attendances.
	0-5 Yrs.	5-15 Yrs.	15+ Yrs.	All Ages.	
1942 (ten months)	510	2,844	366	3,720	31,742
1943	607	3,504	1,066	5,177	37,900
1944	466	2,592	909	3,967	33,120
1945	297	2,087	473	2,857	23,472

Tonsil and Adenoid Cases.—There has been in recent years a relative and an actual increase in enlarged tonsils and adenoids in Edinburgh school children. Relative figures from 1936 are appended. The second column gives the numbers seen by the ear, nose and throat specialists at the request of school medical officers. No obvious explanation for the increase is forthcoming. It cannot be ascribed to any change in the standards for operation

	A.	B.	C.
	Seen by Aurists (all diseases)	T. & A. Operation advised	Actually operated on
1936	1,027	770	500
1937	1,045	800	510
1938	1,289	927	492
1939	1,034	759	569
1940	(not available)		469
1941	957	867	629
1942	785	774	771
1943	1,659	1,098	760
1944	1,638	1,225	1,049
1945	1,770	1,480	1,134

It will be noted that in 1936 the percentage of cases referred by medical officers and who required operation was 75; in 1945 it was 83. The cases requiring operation have almost doubled (from 770 to 1,480); the percentage of these who were actually operated on in 1936 was 65; in 1945 it was 76.

Co-operation of Teaching Staff.—I would again record my appreciation of the great assistance given in medical matters by members of the teaching staff.

SUMMARY OF STATISTICS.

MEDICAL INSPECTION AND TREATMENT.

Routine (age groups) Inspections	...	...	...	...	...	...	...	...	13,939
Special Inspections—									
In Schools	...	...	...	...	...	...	...	...	15,066
In Classrooms	...	...	...	...	...	...	...	...	45,826
In Clinics (Doctors)	...	...	...	...	...	...	...	...	5,734
In Clinics (Nurses)	...	...	...	...	...	...	...	...	33,252
In Clinics (Scabies)	...	...	...	...	...	...	...	...	23,472
For Vision and Hearing (7 year olds)	...	...	...	...	...	...	...	...	4,087
									<hr/> 127,437
									<hr/> 141,376

Diphtheria Immunisation 11,362

Neglected Children.—3 warning notices were served upon parents in connection with various forms of alleged neglect of their children.

Home Visits by Nurses 1,747

Defective Children—

Statistics regarding—

(a) Medical Psychologist—

For admission to special schools	...	...	...	...	...	...	...	...	154
Backward	...	...	...	...	...	...	...	...	75
Dull	...	...	...	...	...	...	...	...	276
For further consideration	...	...	...	...	...	...	...	...	47
Ineducable	...	...	...	...	...	...	...	...	35

Total Number examined 587

(b) Psychiatrist—

Total referred	...	...	...	...	...	...	...	...	322
Diagnostic interviews	...	...	...	...	...	...	...	...	257
Refused to attend	...	...	...	...	...	...	...	...	27
Waiting for Diagnostic Interview on 1st September 1945	...	...	...	...	...	...	...	...	27
Accepted for treatment	...	...	...	...	...	...	...	...	151
Waiting for treatment on 1st September 1945	...	...	...	...	...	...	...	...	101
Treatment interviews	...	...	...	...	...	...	...	...	1,609

(c) Psychiatric Social Workers—

Interviews in Clinic	...	...	...	...	...	...	...	...	749
Home Visits	...	...	...	...	...	...	...	...	1,177

No. of children resident in the following Institutions :—

Blind—

Royal Blind School 20 (Boys, 7; Girls, 13)

Deaf—

Donaldson's School 42 (Boys, 21; Girls, 21)

Deaf and Blind—

St. Vincent's R.C. School 8 (Boys, 5, Girls, 3)

Epileptic—

Colony for Epileptics 2 (Boy, 1; Girl, 1)

Mental Defectives—

Gogarburn Institution 26 (Boys, 12; Girls, 14)

Lennox Castle 11 (Boys)

Larbert Institution 1 (Boy)

St. Joseph's 7 (Boys, 6; Girls, 1)

Psychological Residential School—

Rudolph Steiner 3 (Boys)

Royal Blind Asylum—

Trainees (resident) 20 (Men, 16; Women, 4)

Examinations by Specialists—

Oculists	...	...	...	...	...	1,949 (glasses prescribed in 1,600 instances) (2,331 attendances).
Aurists	...	...	...	...	...	1,770 (1,480 recommended for operation) (1,869 attendances).
Skin	...	...	...	...	...	54 (182 attendances).

Inspections and Treatment by Dentists—

No. of Children who were:—

(1) Inspected by the Dental Officers:—

Age	Systematic Examina- tions.	Special & Emergency Cases.	Total
5 yrs.	237	204	441
6 „	2,800	4	2,804
7 „	448	269	717
8 „	452	279	731
9 „	3,100	15	3,115
10 „	437	165	602
11 „	504	152	656
12 „	2,063	7	2,070
13 „	436	189	625
14 „	185	125	310
15 „	23	40	63
Total	10,686	1,449	12,135
(2) Found to require treatment	6,668	1,449	8,117
(3) Actually treated by School Dental Officers	3,787	1,449	5,236
(4) No. of Attendances made by Children for treatment	7,484	1,449	8,933
(5) Fillings (a) Permanent Teeth	2,410	573	2,983
(b) Temporary Teeth	14	23	37
(6) Extractions (a) Permanent Teeth	1,711	863	2,574
(b) Temporary Teeth	8,479	2,490	10,969
(7) No. of administrations of a general anæ- sthetic for extractions	3,266	1,135	4,401
(8) Other operations—			
(a) Permanent Teeth	6,209	2,071	8,280
(b) Temporary Teeth	759	407	1,166

Infectious Diseases—

Absences from School due to Infectious Disease 12,436 (of which 2,190 were contacts).

Court Cases—

Number examined 210

Spectacles—

Spectacles provided by Education Authority—1,198 pairs (105 pairs provided free; 1,093 paid for by parents).

Meals and Milk—

Meals to 15/5/45	2,918,604
Average cost per meal	10d. (5·8d. for food; 4·2d. Admin.)
Gross cost	£122,033
Net cost	£75,104
Applications for free meals	831 applications by parents or guardians.
Applications granted	489
Milk: On payment of $\frac{1}{2}$ d.	10,554,028 (one-third pint bottles)
Supplied free to children on rec. of S.M.O.	26

CITY HOSPITAL FOR INFECTIOUS DISEASES.

REPORT BY THE MEDICAL SUPERINTENDENT.

The number of patients admitted to the City Hospital during 1945 was 3,890, of which 304 were suffering from tuberculosis. Of the fever patients 44 were admitted at the request of neighbouring authorities and 342 were service patients. The greatest number under treatment on any one day was 568 on 7th February, and the lowest 308 on 8th August. The daily average under treatment was 419. Of the war years 1945 produced fewer admissions than any other except 1939, the total for that year being 3,233; for the others it was 4,924 in 1940, 3,939 in 1941, 4,824 in 1942, 4,432 in 1943, and 4,461 in 1944.

When the totals of confirmed cases of the principal diseases admitted to hospital are scrutinised the fall in total number of admissions cannot be ascribed to a large decrease in any particular one. Diphtheria, measles, whooping-cough, and cerebrospinal fever all show increases, whilst scarlet fever, puerperal sepsis, erysipelas, bacillary dysentery and enteric were reduced, dysentery, however, still retaining the place it reached last year as second only to scarlet fever in total numbers. The number of cases of enteric (3) is the smallest encountered since 1928.

The increase in diphtheria admissions by approximately 20 per cent. on those for 1944 is disappointing, although this may be only a temporary interruption to the general downward trend of incidence. Obviously, however, unless diphtheria immunisation becomes very complete, and is constantly maintained at a high level by re-immunisation, it cannot permanently intervene between infection and the susceptible individual in the sense that the introduction of pure water supplies and water-carriage sewage disposal intervened in the case of the enteric infections. The administrative difficulties involved in dealing with a situation in which a stream of susceptibles is constantly entering the community, and in which protection, even when successfully induced, gradually runs down in subsequent years, are very different in the two cases and should be constantly borne in mind in any appraisal of the results. In the case of diphtheria the co-operation and interest of the citizen must be sought continually, whereas in enteric, once the necessary services are operating, little effort is necessary on the part of the individual, who, indeed, may remain quite unaware of what is being done for his protection.

Head Infestation.—Of recent years the amount of infestation by the head louse has caused considerable disquiet to those responsible for the management of the hospital. During 1945 a careful survey was made of all children suffering from diphtheria or suspected diphtheria admitted to a single ward, these admissions being chosen on the ground that little selection of such patients is made on social grounds, and it was thought they would be representative of the child population. In all 392 children came into the ward. Among 168 under 5 years of age 41 showed nits and 22 live pediculi, whilst among 224 between 5 and 14 years, 86 showed nits and 48 live pediculi. The fact that only 40 per cent. of children of school age had clean heads gives some idea of the magnitude of the problem.

Administration.—The now familiar war difficulties continued throughout the year, the cessation of hostilities making no more difference in the hospital than in other civil activities. The disappearance of the black-out was a welcome relaxation not only to those whose duty it was to see that proper precautions were maintained but also to the patients for whom well ventilated wards are an essential in treatment. The release from fire-watching was also welcomed by all concerned. The food position deteriorated as regards quality if not in quantity, the absence of variety in cereals required for making milk puddings being an example of the kind of handicap under which we worked. Staffing, particularly on the domestic side, remained an insoluble problem to the central government departments concerned, while the extra inducements of improved salaries and conditions of service were equally unavailing. Recruitment for the nursing staff also began to show a slight but steadily downward trend which will require to be watched carefully. A few of our male employees returned from war service on demobilisation.

Medical Instruction.—Two hundred and twenty-one undergraduates attended demonstrations at the hospital, those being divided into six sections involving approximately 90 hours teaching. Students from the Polish Medical School received instruction from their own teachers during the summer term.

Training of Nurses.—This was greatly assisted by the appointment of an assistant sister tutor. Forty-nine nurses completed their training during the year and of these 35 were granted State registration as fever nurses after examination. Eight nurses from Kirkcaldy Hospital, with which we are affiliated, completed one year's training, and one nurse from Sanderson Hospital, Galashiels, also an affiliated hospital, completed two years training. Eight nurses, already on the general part of the Register, obtained fever registration after one year's training. After completion of training here 35 nurses joined general training schools and three left on marriage.

With the ending of the war in Europe it was decided to resume the nurses' annual garden party, the opportunity being taken to make it the occasion also of the nurses' prize-giving and reunion. The function was a great success and was enhanced by the presence of the Lady Provost, who presented the prizes.

Acknowledgments.—I wish to express my thanks to all who have contributed to carrying on the work of the hospital during the past year, and while many useful services must necessarily pass unnoticed in the daily routine, I would like especially to express my appreciation of the efforts of all heads of departments and ward sisters on whom fell the main burden of responsibility.

MUNICIPAL GENERAL HOSPITALS.

WESTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The tables which follow show the work carried out at the Western General Hospital during the year 1945.

There were 4,536 admissions during the year, a slight drop on the 4,654 for 1944. This drop resulted from a marked decrease in the number of military admissions but was compensated for, to some extent, by an increase in civilian cases. Despite this total drop, each and every department, with the exception of the Dental and Massage Department, showed an increase in turnover. These increases, particularly in General Surgery, Surgery of the Ear, Nose and Throat, Urological Surgery and Out-Patient Department, are particularly gratifying and show that the hospital is being of still more use to the public.

During the year a regular Follow-up Department was established with its own separate staff. This was singularly successful and it is hoped that it will continue to extend. Its present scope is limited by accommodation, but this is a matter which, if plans for the future are carried out, will soon be remedied.

Also during the year there was established a Part I. Training for Midwifery in the Maternity Unit. Applications by nurses for admission to training have been more than adequate. Training efforts have met with complete success and the new venture seems to have a future assured. It goes without saying that training nurses in the department has enhanced its value. It is hoped in the coming year to increase this department by making it a complete Training School for Midwives by undertaking domiciliary cases in the area around the hospital.

In the Paderewski Hospital the turnover was much as in the previous year with the exception that once again out-patient attendances increased by over 8,000 to 23,298. This work, in the limited space available, represents much effort. The nursing staff rendered their usual admirable and willing service. The Nurses' Training School continued on its previous level and had almost 100 per cent. successes in examinations during the year. Changes in the training course are visualised and it is hoped soon to have a Preliminary Training School in full use and, if possible, to introduce a system of Block Training.

A new venture was contemplated, namely, the establishment of a training school for male nurses. This did not begin in 1945 for various reasons but should soon be under way.

As before, a shortage of trained nurses on the staff was noticeable. Improvement in this field must take place soon, otherwise the training of the junior nurse will suffer. Nursing recruits were, fortunately, plentiful, in fact the barrier to extension was lack of nursing staff accommodation.

The domestic staff were still too few in number, but once again rose to the occasion and played their part loyally in maintaining the hospital. In this department, also, a shortage of resident accommodation was experienced with the result that the number of resident maids possible was limited.

Shortage of staff accommodation received urgent attention but remained an unsolved problem. It is hoped that this serious matter will be dealt with soon.

Meals for staff and patients were studied and independent chemical analyses showed that from the biological point of view all were receiving sufficient food. Experiments were made in varying the diet and were largely successful. Despite these improvements some dissatisfaction is still felt with the catering side, and plans have been made which should result in a vast improvement. It should be emphasized that, despite this dissatisfaction, the catering was on a high level, and sincere thanks are due to the kitchen staff for achieving this in the circumstances under which they work.

The end of the war saw the return to us of previous members of the medical staff who had been away on active service. This also meant an increase in the total staff of the hospital. Officially I should like to say how happy we were to have these men back. But I should also like to acknowledge the indebtedness and thanks of the hospital to all members of the visiting and resident medical staff for their wholehearted support during the year.

The hospital is also indebted to its staff members in all departments for their services and, particularly, to the Matron and her administrative staff who daily faced great difficulties, competently and cheerfully.

Statistics for the Year 1st January to 31st December 1945.

		Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Adults	{ Males	118	814	765	104	63
	{ Females	71	2,052	1,936	84	103
Children	{ Boys	47	930	892	28	57
	{ Girls	23	740	727	21	15
Totals		259	4,536	4,320	237	238

The number of cases treated during the year was 4,795, which included the following:—

Military	160	Merchant Navy	3
R.A.F.	2	R.N.	1
A.T.S.	34	P.O.W.	5
W.A.A.F.	6	Scheme cases	180
Land Army	1	Ministry of Pensions	8
Total Beds ... ..	...	434 + 110 Paderewski	
Average number of occupied beds ... ..	...	230*	Hospital.
Average length of stay, in days, per patient... ..	...	19*	
Highest daily number of patients ... ..	...	349—11/ 6/45*	
Lowest " " " ... ..	...	121—26/10/45*	

*(These figures exclude Paderewski Hospital).

Table to show the results of Treatment or Termination of Illness.

Cured	3,315	Not improved	228
Improved	777	Died	237
Remaining under treatment ... ..	...	...	<u>238</u>



BANGOUR HOSPITAL
(2397 Beds)
Largest Base Hos-
pital in the British
Isles during the War
of 1939-45.



GOGABURN
HOSPITAL

Mental Defective
Institution, used
partly as Emer-
gency Medical
Service Hospital,
1940-45.

R.A.F. Photograph.

CAUSES OF DEATH.

	Adults.		Children.	
	Males.	Females.	Boys.	Girls.
1. Infectious and parasitic diseases	3	1	...	...
2. Cancer and other tumours	21	19	2	...
3. Rheumatism, diseases of nutrition and other general diseases ... ..	...	2	2	...
4. Diseases of the blood and blood-forming organs	2	...	1	...
5. „ nervous system and sense organs	2	4	2	...
6. „ circulatory system	40	30	...	2
7. „ respiratory system	12	8	3	1
8. „ digestive system	12	9	1	2
9. Non-Veneral diseases of genito-urinary system	11	4	...	1
10. Diseases of pregnancy and childbirth ... ..	...	2	4	2
11. Diseases of skin and cellular tissues ... ..	...	...	...	...
12. „ bones and organs of locomotion... ..	...	3	...	...
13. Congenital malformations ... ..	...	...	1	1
14. Diseases of early infancy ... ..	...	...	12	12
15. Deaths from violence	1	1	...	...
16. Senility ... ..	...	1	...	...
	<u>104</u>	<u>84</u>	<u>28</u>	<u>21</u>

Number of Post-mortem examinations, 125 (includes 32 Poles).

SPECIAL DEPARTMENTS.

During the year 852 operations were performed; 438 of these were major operations and 414 minor operations. A general anæsthetic was administered in 638 operations, and 184 operations were carried out with a spinal anæsthetic; 30 operations were performed under local anæsthesia or without an anæsthetic.

CLASSIFICATION OF OPERATIONS.

1. Operations on brain, spinal cord and peripheral nerves	3
2. „ lymph glands	10
3. „ breast and thorax	12
4. „ abdomen	258
5. „ genito-urinary organs	215
6. „ bones and joints (including amputation)	45
7. Various unclassified operations	102
8. Abscesses—incisions, etc. (including out-patients)	207
	<u>852</u>

Number of plasters ... 239.

EAR, NOSE AND THROAT DEPARTMENT.

Total number of operations	<u>592</u>
Operations on tonsils and adenoids	345
„ for mastoid, etc.	16
„ on nose and throat	231
	<u>592</u>
Operations under general anæsthesia	391
„ „ local „	201
	<u>592</u>
Bronchoscopies, laryngoscopies, oesophagoscopies, etc.	<u>10</u>
Mastoid and antrum dressings	<u>14</u>

(The above E.N.T. operations include 235 Polish cases.)

DENTAL DEPARTMENT.

Number of patients treated—adults, 5;	<u>5</u>
Number of treatments requiring a general anæsthetic	<u>5</u>
Number of extractions	<u>5</u>

UROLOGICAL DEPARTMENT.

Examinations	...	Cystoscopic and Pyelographic	...	...	...	210
		Bougies	...	...	...	67
		Cystometrographic	...	...	...	21
						<u>298</u>
Operations	...	Transurethral resection of prostate	...	...	...	8
		Fulguration of tumours	...	...	...	15
						<u>23</u>
Treatments		Bladder lavage	...	...	...	9
Cases reporting	...	...	...	...	...	4
		(Included in above are 28 Polish cases.)				<u>334</u>

CLASSIFICATION OF SURGICAL CASES TREATED ON ADMISSION.

1.	Diseases of brain, spinal cord and peripheral nerves	...	...	...	4
2.	lymph glands	...	...	...	16
3.	blood vessels (including gangrene)	...	...	...	91
4.	tongue and jaws, upper air and food passages	...	...	...	89
5.	breast	...	...	...	30
6.	thorax	...	...	...	7
7.	abdominal organs	...	...	...	309
8.	urinary and genital organs	...	...	...	199
9.	female pelvic organs	...	...	...	109
10.	bones and joints	...	...	...	128
11.	skin and cellular tissue	...	...	...	114
12.	Primary cardiac failure and surgical trauma	...	...	...	1
13.	Various unclassified diseases	...	...	...	8
	(Included in above are 89 children.)				<u>1,105</u>

X-RAY DEPARTMENT.

Number of X-Ray examinations—1st half-year	...	...	...	3,431
	2nd	„	...	3,446
				<u>6,877</u>
These include—In-patients	...	...	...	2,135
	Out-patients	...	...	855
	Paderewski Hospital	...	...	3,277
	Other Hospitals	...	...	610
				<u>6,877</u>
	Barium examinations	...	...	949
	Pregnancies	...	...	262

MATERNITY DEPARTMENT.

Number of cases treated	...	...	...	...	1,385
„	„	„	admitted (includes 32 babies with 33 mothers)	...	1,417
„	„	„	discharged	...	1,299
„	„	„	delivered (1,042 normal, 135 abnormal)	...	1,175
„	„	„	post-partum puerperal admissions	...	1
„	„	„	deaths, (mothers 2, infants 26)	...	28
„	„	„	babies born (includes 16 sets of twins)	...	1,191
„	„	„	stillborn	...	20

There have been 1,467 ante-natal cases examined during the year. Of these, 1,216 were admitted. Abortion cases totalled 47, and 27 other cases of complicated pregnancy were not confined. The abnormal deliveries included 58 by forceps and 13 caesarian section.

The causes of maternal deaths were as under:—

1. Concealed accidental hæmorrhage. Patient admitted in collapsed condition.
2. Obstetric shock. Removal (manually) of placenta after delivery of twins.

SPECIAL DIET DEPARTMENT.

Cases treated by special diet during the year	...	...	...	...	...	...	...	...	315
Remaining at 1st January 1945	...	...	...	...	...	...	...	...	24
Number of cases admitted	...	...	...	...	...	...	...	...	291
" " " discharged	...	...	...	...	...	...	...	...	265
" " " died	...	...	...	...	...	...	...	...	16
" " " remaining at 31st December 1945	...	...	...	...	...	...	...	...	34

The disabilities treated included the following:—

Diabetes	...	...	...	...	...	...	...	10	per cent of cases.
Stomach disorders	...	...	...	...	...	...	...	36	" " "
Kidney disorders	...	...	...	...	...	...	...	7	" " "
Obesity	...	...	...	...	...	...	...	10	" " "
Gall-bladder disease	...	...	...	...	...	...	...	2	" " "
Cardiac conditions	...	...	...	...	...	...	...	7	" " "
Colitis	...	...	...	...	...	...	...	2	" " "
Jaundice	...	...	...	...	...	...	...	5	" " "
Diarrhoea	...	...	...	...	...	...	...	6	" " "
Constipation	...	...	...	...	...	...	...	1	" " "
Miscellaneous (Including High Cal. diets for T.B., etc.)	...	...	...	...	...	...	...	14	" " "

MEDICAL WARDS.**Classification of patients treated on admission.**

1. Infectious and parasitic diseases	...	...	...	...	...	...	...	...	23
2. Cancer and other tumours	...	...	...	...	...	...	...	...	21
3. Rheumatism, diseases of nutrition and other general diseases	...	...	...	...	...	...	...	...	53
4. Diseases of the blood and blood-forming organs	...	...	...	...	...	...	...	...	39
5. " nervous system and sense organs	...	...	...	...	...	...	...	...	42
6. " circulatory system	...	...	...	...	...	...	...	...	167
7. " respiratory system	...	...	...	...	...	...	...	...	152
8. " digestive system	...	...	...	...	...	...	...	...	104
9. Non-venereal diseases of genito-urinary system	...	...	...	...	...	...	...	...	36
10. Diseases of skin and cellular tissue	...	...	...	...	...	...	...	...	6
11. " bones and organs of locomotion	...	...	...	...	...	...	...	...	27
12. Senility	...	...	...	...	...	...	...	...	5
13. Endocrine disorders	...	...	...	...	...	...	...	...	30
14. Unclassified diseases	...	...	...	...	...	...	...	...	15
									<u>720</u>

CHILDREN'S WARDS.**Classification of Cases treated on admission.**

1. Infectious diseases (convalescent)	...	...	...	...	...	...	...	...	1
2. Premature babies	...	...	...	...	...	...	...	...	11
3. Rheumatism, diseases of nutrition and other general diseases	...	...	...	...	...	...	...	...	14
4. Diseases of the blood and blood-forming organs	...	...	...	...	...	...	...	...	3
5. " nervous system and sense organs	...	...	...	...	...	...	...	...	3
6. " circulatory system	...	...	...	...	...	...	...	...	1
7. " respiratory system	...	...	...	...	...	...	...	...	18
8. " digestive system	...	...	...	...	...	...	...	...	32
9. Non-Venereal diseases of genito-urinary system	...	...	...	...	...	...	...	...	3
10. Diseases of skin and cellular tissue	...	...	...	...	...	...	...	...	52
11. " bones and organs of locomotion	...	...	...	...	...	...	...	...	2
12. Congenital malformations	...	...	...	...	...	...	...	...	9
13. Mental deficiency	...	...	...	...	...	...	...	...	1
14. Convenience cases (healthy)	...	...	...	...	...	...	...	...	10
15. Tonsillectomy cases	...	...	...	...	...	...	...	...	228
16. Surgical cases	...	...	...	...	...	...	...	...	73
17. Convulsions of unknown origin	...	...	...	...	...	...	...	...	6
18. Glands of neck (not operable)	...	...	...	...	...	...	...	...	1
19. Various unclassified diseases	...	...	...	...	...	...	...	...	9
20. Ear, nose and throat cases	...	...	...	...	...	...	...	...	6

PHYSIO-THERAPY DEPARTMENT.

The total number of patients treated during the year was 773, of which 34 were cured, 717 were improved and 20 were not improved; 33 were still under treatment at the end of the year; 2 patients died.

During the year 10,450 treatments were given, as follows:—

Massage	3,084
Galvanism	167
Faradism	734
Diathermy (short wave)	27
„ (long wave)	32
Infra-red rays	1,389
Ultra-violet rays	714
Re-education exercises	3,569
Hydro-massage baths	734
	10,450

(Included in above are 131 Polish cases.)

OUT-PATIENT DEPARTMENT.

Recommended Cases:—

Surgical	903	
Medical	594	
Ante-natal	6,792	
Gynæcological	136	
Commenced October	Sick Children	85
	Ear, nose and throat	84
	Polish cases	430
	Post-natal	52
	9,076	
Ordinary Out-patients treated	7,142	
Total	16,218	

PADEREWSKI HOSPITAL.

Statistics for the Year 1st January to 31st December 1945.

Admissions.	Discharges.	Deaths.
1,539	1,516	23
Number of babies born		178

OUT-PATIENT DEPARTMENT.

Number of patients treated 23,298

DENTAL DEPARTMENT.

Number of patients treated 10,831

OPERATING THEATRE.

Number of major operations	300
„ minor „ (including out-patients)	403
„ plasters	77
	780

BIOCHEMICAL LABORATORY.

Analyses Performed During 1945.

Analysis.	Western General Hospital	Eastern General Hospital	Southern General Hospital	City Hospital, etc.	Total.
Urea N.	357	321	415	7	1,100
Creatinine ...	17	161	195	—	373
N.P.N.	2	—	6	—	8
Cholesterol ...	35	32	49	1	117
Uric Acid ...	29	6	8	—	43
Sugar	128	225	30	—	383
Lævulose ...	4	—	—	—	4
Albumen ...	59	27	34	1	121
Globulin	59	27	34	1	121
Calcium	9	18	7	2	36
Phosphorus ...	1	9	3	2	15
Phosphatase ...	20	5	13	2	40
Icteric Index ...	74	63	24	1	162
Van den Bergh	20	48	18	—	86
Chlorides ...	26	12	7	—	45
CO ₂ Comb. Power	15	5	2	—	22
Ascorbic Acid ...	3	—	—	—	3
U.S.F. Protein ...	30	20	19	—	69
„ Sugar ...	22	14	18	—	54
„ Chlorides...	20	14	21	—	55
Fæcal Fats ...	38	75	11	1	125
Urine Ascorbic ...	6	—	—	—	6
Miscellaneous ...	16	42	17	—	75
Totals ...	990	1,124	931	18	3,063

Total number of Reports, 1,836.

Total number of Electro-Cardiograms 197.

EASTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The number of patients admitted to the Eastern General Hospital during the year 1945 was 2,083.

These patients were admitted, broadly speaking, to three departments of the hospital, (1) ordinary medical wards, (2) Tropical Diseases Unit, and (3) Maternity Unit. The increase in numbers compared with the previous year was due to admissions to the Tropical Diseases Unit, and to the Maternity Unit, which opened for the first time in February 1945. The number of cases admitted to the ordinary medical wards was much the same as in previous years. Reviewing the

results of treatment in reverse order, it will be seen from the figures below that both the Maternity Unit and the Tropical Diseases Unit were active and had a successful year. In the general medical wards the admissions were composed mainly of sufferers from chronic illnesses and/or degenerative conditions—the result of age. With such admissions, the death-rate was inevitably high and the results of treatment, from the point of view of the staff, disheartening. Fortunately there existed a Tropical Diseases Unit and a section of the general medical wards to which were admitted Emergency Scheme cases, mainly medical although there were a few surgical, and rotation of the staff through these units relieved the tedium.

The nursing staff throughout the year gave excellent service. The Maternity Unit offered a training in midwifery in association with the Elsie Inglis Memorial Maternity Hospital, and presented no staffing difficulties. The Tropical Diseases Unit offered a post-graduate certificate in the nursing of tropical diseases and was never short of staff nurses. Elsewhere in the hospital great difficulty was experienced in maintaining an adequate staff of trained and untrained nurses. This difficulty showed every sign of becoming worse as the year advanced and will be a very serious problem necessitating the closing of further sections of the hospital, unless steps are taken to counter it.

The domestic position remained acute. Those who remained worked extremely well and as a result the maintenance of the hospital was good. More workers, however, are needed urgently and it is to be hoped that they will be forthcoming.

Some of the plans for upgrading the hospital were begun and should be soon completed. Further plans were made particularly directed towards improving the catering services. These services were badly strained during the war, and although they were a feature productive of many complaints it must be said in all fairness that the general level of catering was good, and that the staff responsible worked well and willingly.

The Theatre, X-ray and Massage Departments all had a busy year with an increased turnover compared with former years. An Almoner's service was introduced for the first time and began well. This service will extend and will eventually be of considerable value to the patients.

The end of the war saw the return from active service to their old duties, of members of the visiting medical staff to whom I would like to say welcome officially.

Concluding, I would like to offer my thanks to all members of the Staff, medical, nursing, domestic, clerical and maintenance for their willing services during the year, and to mention particularly my thanks to the Matron and her administrative staff for the way in which they faced their difficulties and always found a satisfactory solution.

Statistics for Year 1st January to 31st December 1945.

					Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Males	...	...	...	...	38	400	260	135	43
Females	...	...	...	...	36	371	263	95	49
Total	...	...	...	...	74	771	523	230	92

Number of cases treated	...	...	...	...	845
Total number of beds	...	...	...	...	426
Average number of occupied beds	...	...	...	...	84
Highest daily	„	„	„	...	101 (30/11/45).
Lowest	„	„	„	...	62 (29/7/45).
Average length of stay in days per patient	...	...	...	...	42
Number of post-mortems	...	...	...	...	25

Table to show the Results of Treatment.

					Cured.	Improved.	Not Improved.
Males	...	...	...	...	118	117	25
Females	...	...	...	...	121	105	37
Total	...	...	...	...	239	222	62

Month	Admissions		Discharges		Deaths.		Patient Days	
	M.	F.	M.	F.	M.	F.	M.	F.
January	52	33	29	20	17	9	1,338	1,290
February	47	36	28	22	13	13	1,321	1,148
March	35	44	34	37	10	6	1,280	1,363
April	37	30	17	21	17	7	1,229	1,346
May	31	23	23	14	6	7	1,444	1,414
June	23	25	20	21	14	10	1,220	1,306
July	23	30	17	27	7	10	1,027	1,174
August	27	32	17	18	9	5	1,237	1,183
September	28	24	20	19	3	7	1,037	1,210
October	33	32	19	23	14	3	1,184	1,330
November	32	33	8	20	14	8	1,338	1,417
December	32	29	28	21	11	10	1,450	1,520
Total	400	371	260	263	135	95	15,105	15,710

DISCHARGES.

Month	Cured		Improved		Not Improved	
	M.	F.	M.	F.	M.	F.
January	12	10	16	8	1	2
February	12	10	13	9	3	3
March	15	10	13	16	6	11
April	9	10	5	6	3	5
May	11	4	11	6	1	4
June	8	8	11	11	1	2
July	6	16	9	8	2	3
August	12	4	5	12	...	2
September	7	12	11	7	2	...
October	8	18	9	3	2	2
November	4	11	3	8	1	1
December	14	8	11	11	3	2
Total	118	121	117	105	25	37

Classification of Admissions for the year ending 31st December 1945.

	Male.	Female.
Infectious and parasitic diseases	17	11
Cancer and other tumours	22	19
Rheumatism, diseases of nutrition and other general diseases	13	16
Diseases of the blood and blood forming organs ...	3	11
Chronic poisoning	1	...
Diseases of nervous system and sense organs ...	66	62
Diseases of circulatory system	80	68
Diseases of respiratory system	69	35
Diseases of digestive system	15	8
Non-venereal diseases of genito-urinary system ...	13	5
Diseases of pregnancy and childbirth ... ..	...	21
Diseases of skin and cellular tissue	86	95
Diseases of bones and organs of locomotion ...	4	4
Senility	7	10
Violence	3	6
Nil.	1	—
	<u>400</u>	<u>371</u>
Total	<u>771</u>	

Classification of Discharges for the Year ended 31st December 1945.

	Male.	Female.
Infectious and parasitic diseases	17	10
Cancer and other tumours	6	9
Rheumatism, diseases of nutrition and other general diseases	13	14
Diseases of the blood and blood forming organs ...	3	17
Chronic poisoning	1	1

	Male.	Female.
Diseases of nervous system and sense organs ...	27	28
Diseases of circulatory system	28	27
Diseases of respiratory system	46	17
Diseases of digestive system	15	7
Non-venereal diseases of genito-urinary system ...	8	5
Diseases of pregnancy and childbirth	—	20
Diseases of skin and cellular tissue	86	94
Diseases of bones and organs of locomotion ...	4	5
Senility	3	4
Violence	2	5
Nil.	1	—
	260	263
Total	523	

Classification of Deaths during the Year ending 31st December 1945.

	Male.	Female.
Infectious and parasitic diseases	2	1
Cancer and other tumours	17	9
Rheumatism, diseases of nutrition and other general diseases	1	2
Diseases of the blood and blood forming organs ...	1	3
Chronic poisoning	—	—
Diseases of the nervous system and sense organs ...	33	26
Diseases of circulatory system	48	32
Diseases of respiratory system	20	10
Diseases of digestive system	1	3
Non-venereal diseases of genito-urinary system ...	5	—
Diseases of pregnancy and childbirth	—	—
Diseases of skin and cellular tissue	1	1
Senility	5	7
Deaths from violence	1	1
	135	95
Total	230	

SCHEME PATIENTS.

Statistics for Year 1st January to 31st December 1945.

	Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Males	85	717	707	11	84
Females	80	33	101	12	—
Totals	165	750*	808	23	84

* Of this number 659 were Service Cases (475 Tropical Diseases Cases).

	Cured.	Improved.	Not Improved.
Males	375	327	5
Females	25	75	1
Total	400	402	6

Classification of Admissions for the Year ending 31st December 1945.

	Male.	Female.
Infectious and parasitic diseases	485	6
Cancer and other tumours	4	2
Rheumatism, diseases of nutrition and other general diseases	28	—
Chronic poisoning	1	—
Diseases of nervous system and sense organs ...	7	3
Diseases of circulatory system	5	5
Diseases of respiratory system	15	3
Diseases of digestive system	83	5
Diseases of genito-urinary system	11	2
Diseases of skin and cellular tissue	13	5
Senility	—	2
Violence	65	—
	<u>717</u>	<u>33</u>
Total	<u>750</u>	

Classification of Discharges for the Year ending 31st December 1945.

	Male.	Female.
Infectious and parasitic diseases	448	9
Cancer and other tumours	—	2
Rheumatism, diseases of nutrition and other general diseases	31	4
Diseases of the blood and blood forming organs ...	—	1
Diseases of nervous system and sense organs ...	15	8
Diseases of circulatory system	3	4
Diseases of respiratory system	22	10
Diseases of digestive system	87	19
Diseases of genito-urinary system	10	2
Diseases of skin and cellular tissue	17	12
Diseases of bones and organs of locomotion ...	—	1
Senility	—	21
Violence	74	8
	<u>707</u>	<u>101</u>
Total	<u>808</u>	

Classification of Deaths during the Year ending 31st December 1945.

	Male.	Female.
Cancer and other tumours	2	2
Chronic poisoning	—	1
Diseases of nervous system and sense organs ...	2	—
Diseases of circulatory system	1	3
Diseases of respiratory system	2	2
Diseases of digestive system	1	—
Diseases of genito-urinary system	1	2
Senility	2	2
	<u>11</u>	<u>12</u>
Total	<u>23</u>	

ANAESTHETICS.

General	...	...	...	...	74
Spinal	...	...	...	...	16
Local	...	...	...	...	140
None	...	...	...	...	51
					281

MATERNITY UNIT.

Adults admitted—288.

Babies born—Alive, 144 Male; 130 Female. Stillborn, 1 Male.

Deaths—Infants—4 Males; 2 Females.

Discharges—Adults 276. Infants, 130 Male; 123 Female.

Remaining—Adults, 12. Infants, 10 Male; 5 Female.

SOUTHERN GENERAL HOSPITAL.**REPORT BY THE SUPERINTENDENT.**

The following is a report of the work done at the Southern General Hospital during the year 1945.

It will be noted that the Norwegians, the Auxiliary Territorial Service, and the London evacuee patients are no longer with us. As a result of the cessation of hostilities the A.T.S. ceased to occupy accommodation here on 15/6/45; the Norwegians were evacuated to Norway on 17/8/45, and the remainder of the London patients were transferred to Bangour on 2/5/45.

I would like once again to express to the Matron, and to the medical, nursing and administrative staff, my most sincere thanks for their work during the year, which has been carried on under extremely difficult circumstances.

Statistics for the Year 1st January to 31st December 1945.

		Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
PUBLIC HEALTH	{ Males ...	45	328	198	134	41
	{ Females ...	68	295	158	129	76
GOVERNMENT SCHEME	{ Males ...	6	6	11	—	1
	{ Females ...	60	7	59	8	—
MILITARY	{ Males ...	12	49	54	—	7
	{ P.O.W. ...	14	17	31	—	—
	{ Females ...	—	2	2	—	—
A.T.S. RECEPTION STATION	...	14	617	631	—	—
NORWEGIAN UNIT	...	120	573	682	11	—
Total ...		339	1,894	1,826	282	125

Number of Cases treated	{ Public Health and Government Scheme ...	909
	{ A.T.S. ...	631
	{ Norwegian Unit ...	693
	Total ...	2,233

PUBLIC HEALTH AND GOVERNMENT SCHEME PATIENTS.

The sources of admission were as follows :—

	P.H. Patients.	Govt. Scheme Patients.
From own home	521	8
Northern General Hospital	42	...
Western General Hospital	14	...
Whitefoord House	12	...
Salvation Army Hostels	10	...
Davidson Home	9	...
R.I.E.	4	...
City Hospital	3	3
Little Sisters of the Poor	2	...
Homeless	2	...
Nursing Home	1	1
Convalescent Home, Corstorphine	1	...
Prestonkirk Home	1	...
St. Michael's Home	1	...
Clelland Hospital, England ... ..	...	1
	<u>623</u>	<u>13</u>

Discharges were as follows :—

	P.H. Patients.	Govt. Scheme Patients.
To own home	268	8
Northern General Hospital	31	...
Western General Hospital	21	1
City Hospital	9	2
Salvation Army Hostels	7	...
Whitefoord House	6	...
West House	4	...
Homeless	2	...
Little Sisters of the Poor	2	...
Queensberry House	2	...
St. Michael's Home	1	...
Liberton Hospital	1	...
Nursing Home	1	...
Soldiers' Home, Colinton	1	...
Bangour Hospital ... ..	...	58
Linburn House ... ..	...	1
	<u>356</u>	<u>70</u>

Table to show results of treatment or termination of illness.

Cured	81	Not improved	100
Improved	245	Died	271

Remaining under Treatment :—

P.H. Patients	117
Government Scheme	1
Service	7
Total	<u>125</u>

CAUSES OF DEATH.

	Males.		Females.	
	P.H. Patients.	Govt. Scheme. Patients.	P.H. Patients.	Govt. Scheme. Patients.
1. Infectious and parasitic diseases ...	1	...	...	...
2. Cancer and other tumours ...	38	...	25	5
3. Rheumatism, diseases of nutrition and other general diseases ...	2	...	2	1
4. Diseases of the blood and blood-forming organs ...	...	...	4	...
5. Diseases of the nervous system and sense organs ...	46	...	56	1
6. Diseases of the circulatory system ...	20	...	22	...
7. " " respiratory system ...	13	...	9	...
8. " " digestive system ...	5	...	3	...
9. Non-venereal diseases of genito-urinary system ...	8	...	5	...
10. Diseases of pregnancy and child-birth ...	...	...	...	...
11. " skin and cellular tissue ...	1	...	2	...
12. " bones and organs of locomotion ...	...	...	1	...
13. Senility ...	...	...	...	1
	<u>134</u>	...	<u>129</u>	<u>8</u>

Number of Post-mortem examinations (Public Health)	...	44
(Norwegian)	...	14
		<u>58</u>

CLASSIFICATION OF PATIENTS DISCHARGED.

	P.H. Patients.	Govt. Scheme Patients.
1. Infectious and parasitic diseases ...	15	3
2. Cancer and other tumours ...	19	6
3. Rheumatism, diseases of nutrition and other general diseases ...	14	...
4. Diseases of the blood and blood-forming organs	7	...
5. " " nervous system and sense organs	99	23
6. " " circulatory system ...	47	2
7. " " respiratory system ...	60	9
8. " " digestive system ...	18	1
9. Non-venereal diseases of genito-urinary system	13	...
10. Diseases of skin and cellular tissue ...	16	...
11. Diseases of bones and organs of locomotion ...	37	5
12. Senility ...	4	18
13. Unclassified diseases ...	7	1
14. Surgical ...	...	2
	<u>356</u>	<u>70</u>
Average number of occupied beds :		
Public Health and Government Scheme ...	...	161
Norwegian Unit ...	...	110
A.T.S. Unit ...	...	27
		<u>298</u>
Highest daily number of patients :		
Public Health and Government Scheme ...	...	217 (26/1/45)
Norwegian Unit ...	...	135 (7/5/45)
A.T.S. Unit ...	...	48 (1/2/45)
Lowest daily number of patients :		
Public Health and Government Scheme ...	...	105 (3/9/45)
Norwegian Unit ...	...	85 (3/8/45)
A.T.S. Unit ...	...	7 (14/6/45)
Average length of stay in days per patient :		
Public Health and Government Scheme ...	...	<u>40</u>

MASSAGE AND ELECTRO-THERAPY DEPARTMENT.

The total number of patients treated during the year was 216 of which 182 were cured and improved; 32 not improved; 2 patients died, and 48 were under treatment at the end of the year. During the year treatments were given as follows:—

Massage	1,035
Galvanism and Faradism	65
Diathermy	—
Infra Red and Radiant Heat	398
Ionisation	—
Ultra Violet Artificial Sunlight	103
Re-education Exercises	985

BANGOUR HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT

General Statistics.

	Services.	Civilians.	Total.
Admissions	2,567	2,974	5,541
Discharges	2,683	2,167	4,850
Deaths	28	197	225

Compared with the figures for 1944, the service admissions show a decrease of 2,361, while the civilian admissions are up by 1,030. These figures merely reflect the general trend of events, especially the end of the war in Europe.

Among the civilian admissions were 151 London evacuees, the residue of the London patients accommodated in various Edinburgh hospitals. By this step all the evacuees in the area were congregated under one roof. In August, the 350 survivors were returned to London without mishap en route. The movement of these patients entailed a good deal of planning, for practically all of them were bed-ridden and more or less helpless seniles.

The increase in the civilian admissions is largely accounted for by the resumption of the Royal Infirmary Waiting List Scheme, which had been suspended in 1944 on the eve of D-day. Another material factor was the arrangement whereby considerable numbers of ear, nose and throat cases were transferred for treatment from Fife County, where the facilities for treatment were inadequate to cope with the accumulation of the war years.

Tuberculosis Patients.—During the year the intake of civilian cases of tuberculosis fell from 214 to 159 owing entirely to staffing difficulties. Had it not been for the help received from the Friends' Ambulance Unit who undertook to staff one male ward, the intake would have been still further curtailed. The service tuberculosis wards were not affected to the same extent, as staff was provided from service sources. At the same time, there were occasional shortages resulting from the rapid progress of demobilisation, especially in the later months of the year. Staffing in general is the largest and apparently the most intractable problem in hospital administration. In relation to tuberculosis and to mental disorders, it is serious enough to warrant the description "crippling."

Return of Mental Patients.—In order to relieve the overcrowding in West House, Morningside, 118 patients were transferred to Bangour. In addition 40 direct admissions were accommodated. By the close of the year all fresh cases chargeable to the City of Edinburgh were being admitted to Bangour. This will give some measure of relief to the other hospitals caring for Edinburgh patients, though the resulting benefit must be slow in showing itself.

The possibility of transferring large groups of patients from any of the hospitals under other authorities has been considered again and again, but owing to the shortage of staff little or nothing can be done meantime. As an illustration of the sort of situation that confronts us, it may be pointed out that when the female patients were transferred to Lanark District Mental Hospital on the outbreak of war, 43 nurses from the Bangour staff were evacuated with them. Since then the 43 have dwindled to 2, and ceaseless efforts to get replacements have elicited only the most meagre response. Fortunately, the same difficulties do not affect the staffing on the male side of mental hospital work. All our male nurses—with one exception—who were called up for service with the armed forces and who have been demobilised since the end of hostilities have either returned to their former posts or have indicated their early intention of doing so.

Brain Injuries Unit.—There are in Bangour two special surgical departments which have expanded greatly during the war and whose future has still to be decided. These are the Plastic Unit and the Brain Injuries Unit. The former has developed in the Annexe while the latter is situated in the parent hospital. There is no reason why the Plastic Unit should not retain its present accommodation indefinitely, but the villas occupied by the Brain Injuries Unit are essential to the proper functioning of Bangour as a mental hospital. What makes the disposal of the Brain Injuries Unit so difficult a problem is that few, if any, hospitals in the area can give the same amount of elbow-room as the Unit has till now enjoyed. At the same time it would be a real loss if the activities of the Unit had to be seriously curtailed owing to want of suitable accommodation. It is the post-operative stage of treatment that makes exceptional demands in this direction, for it aims at maximum rehabilitation before discharge from hospital and embraces physiotherapy, psychotherapy, occupational therapy, physical instruction and, in some cases, speech therapy. To these have to be added every other activity in the shape of re-educational and recreational enterprises which may promote the invalid's final restoration.

The scope of the work done in the Brain Injuries Unit for the five years to June 1945 is indicated in the sub-joined table of admissions:—

Brain & Spinal Tumours.	Head & Spine Injuries.	Sciaticas.	Various, including cerebral infectious & neuralgias.
690	1,010	481	1,888
	Total	...	...
		4,069	

In addition to these figures, which relate to both civilian and service patients, 194 battle casualties were dealt with, 130 of them in the year under review. The average number of major operations performed in each of the 5 years exceeded 500.

In future, if the Unit as constituted at present, continues to function, even heavier demands in this specialised field will probably have to be met. It is notice-

able that those areas in Scotland in which reliable diagnostic facilities in neurology exist, contribute a large proportion of cases in relation to the size of the general population, a fact which prompts the suggestion that with comparable facilities elsewhere the work of the Unit might even be doubled. It is reckoned that adequate treatment for at least 75 per cent. of the Brain Injuries Unit's admissions could only be obtained in Bangour or in Killearn Emergency Hospital, leaving a residue of 25 per cent. whose chance of recovery would not be prejudiced by treatment in a good general hospital. While the existing Units are situated in Edinburgh and in Glasgow respectively, they draw their patients from the whole of Scotland, from Northern Ireland, and from the northern counties of England. The service is, therefore, a national rather than a parochial one, and must continue to be organised on the broadest basis. Keeping in view the highly specialised character of the work, the heavy staffing requirements and the multiplicity of the modes of treatment, it is manifest that a small number of large well-equipped and adequately staffed centres will produce far more satisfactory results than a larger number of small, isolated units. The future development of the Bangour Unit, wherever it is situated, will be followed with keen interest by all who have seen it in its earlier stages and realise its great potentialities.

Future of the Annexe.—As the emergency recedes, the future of the Annexe becomes more and more a "live" question. Here is a large hatted hospital with a nominal capacity of 1,550 beds. Allowing for reasonable day-room space, that figure might be reduced to 1,000, but even at that it is still large enough to form an independent hospital. At present the Annexe is wholly dependent on Bangour for catering, laundry, etc., so that separate provision would require to be made for these services, with the possible exception of the laundry. The whole surrounding district is poor in hospital facilities of every description, and it would be of advantage to the community if, even temporarily, in-patient facilities could be given to cases nominated by local practitioners. Hitherto only "emergency" cases have been eligible for admission.

As has been said, the greatest problem confronting this and other hospitals is the almost desperate staffing situation. To those who have toiled on in such difficult circumstances a tribute of praise is due and is readily given.

GOGARBURN HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The Annual Report for Gogarburn Institution for the year 1945 as in the preceding five years, falls to be considered under two heads (1) The Mental Defective Colony, and (2) The Emergency Hospital.

1. The Mental Defective Colony.

The following statistical tables show the changes which have occurred in the patient population during the year. It is a curious fact that despite the successful conclusion of the European War in May, and the Pacific War in August, 1945 has been the most difficult year in the history of the Institution. During

the war years the failure to recruit sufficient nursing staff to make good the wastage was a continual source of anxiety. The existing shortage of nurses was intensified by the adoption of the recommendations of the Taylor Report with its shorter working week and longer period of annual leave. In addition many of our younger nurses who had married during the war years, and continued their nursing career, left the service in order to rejoin their husbands and set up house. The early winter found us with rather less than half of our pre-war establishment of female nurses to undertake the care and nursing of the same number of patients. It is earnestly to be hoped that the cessation of hostilities and the demobilisation of large numbers of women will lead to an increased flow of recruits to mental nursing and to the nursing profession generally.

Accommodation has also been a matter of difficulty during the year. Many of the villas have been very overcrowded to provide the accommodation required for the E.M.S. hospital. During the year it has been necessary to increase the existing overcrowding in order to make beds for cases of great urgency. Any further extension of this nature is now impossible. We have reached the limit of our resources. However unsatisfactory conditions may be, it must be clearly recognised that any improvement is primarily dependent on an increased recruitment of nurses.

Admissions.

	Males.	Females.	Total.
Number of patients on Register at 1st January 1945	276	251	527
Cases admitted during the year	16	7	23
Total cases under treatment	292	258	550
Cases discharged during the year	13	2	15
Cases died during the year	2	4	6
Patients on Register at 31st December 1945	277	252	529

The physical condition of the patients on admission was as follows:—

	Males.	Females.	Total.
In fair or average health and condition	12	3	15
In poor or indifferent health and condition	3	1	4
In weak or very weak health and condition	1	3	4
	<u>16</u>	<u>7</u>	<u>23</u>

The classification and age grouping of the patients admitted were as follows:—

Classification.	5—10 years.		10—15 years.		15—20 years.		20—25 years.		Over 25 years.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Idiot		1										1
Imbecile	1				1				1	1	3	1
Feeble-minded	1	3	5	2	5		1		1		13	5
Total—Males	2		5		6		1		2		16	
Total—Females		4		2						1		7

The following table shows the methods of disposal of the patients discharged from the Institution in the course of the year:—

	Males.	Females.	Total.
Discharged to their own homes	4	1	5
Discharged to other Institutions	2	...	2
Discharged to guardianship	2	1	3
Discharged on attaining 16 years of age	4	...	4
Repatriated to Holland	1	—	1
	<u>13</u>	<u>2</u>	<u>15</u>

The number of deaths occurring in the course of the year was 6. The causes of death were as follows:—

	Males.	Females.	Total.
Diseases of the central nervous system ... ..	...	1	1
Diseases of the cardiovascular system	1	1	2
Diseases of the alimentary system	1	...	1
Diseases of the respiratory system ... ..	...	2	2
	<u>2</u>	<u>4</u>	<u>6</u>

I have to thank all members of the staff for their continued loyalty and support under extremely difficult conditions.

2. The Emergency Hospital.

The following figures relate to the Emergency Hospital. The figures show a reduced number of admissions which is directly attributable to the cessation of hostilities in Europe. While there has been a reduction in the admission of service cases there has been an increase in the admission of civilian scheme patients.

In Hospital on 1st January 1945	130
Admissions of Service Patients	1,023
Admissions of Civilian Scheme Patients	217
Total admissions	1,240
Members of Services treated as out-patients ...	782
Total number of patients treated during the year	2,022
Discharges of Service Patients	1,100
Discharges of Civilian Scheme Patients	180
Total Discharges	1,280
Deaths of Service Patients	5
Deaths of Civilian Scheme Patients	1
Total remaining on 31st December 1945	84

The Neurovascular Unit.—During the year 551 patients were admitted to this unit, and 278 major surgical operations were performed. As previously, many minor surgical procedures incidental to investigation and treatment were carried out. During the year the meticulous weekly review of patients in the unit and of patients brought back for follow up examination has been continued. The research work carried out by the unit continues to receive the encouragement and financial help of the Medical Research Council.

I am very grateful for the manner in which all members of the staff have so willingly and continuously given their services.

BACTERIOLOGICAL SERVICES.

The following report (in summary) is submitted by the Director of Bacteriological Services on the work carried out for the City by the Bacteriology Department of Edinburgh University during the year 1945.

The total number of examinations was 37,257 as compared with 36,291 in 1944. The number of examinations for the General Hospitals was 9,679 as compared with 8,612 in 1944, an increase of 1,067; this was mainly in respect of the Eastern General Hospital. The total number of examinations for all the Municipal Hospitals was 24,111, *i.e.*, 1,629 less than in the previous year; this was due mainly to a decrease in examinations for the Infectious Diseases Hospital from 10,357 in 1944 to 7,772 in 1945, which in turn was largely the result of the decreased number of examinations for intestinal infection: from 7,051 in 1944 to 4,336 in 1945.

Diagnostic work on cases of diphtheria, including examination of strains of the diphtheria bacillus for their virulence and biological type, showed some increase as compared with the previous year. The prevalent type of bacillus as in recent years remains the *gravis* type though its predominance over other types has tended to be less.

In the previous year there was an appreciable increase in diagnostic examinations for tuberculous infection; this increase has continued in 1945.

The number of examinations for dysenteric infection showed a substantial diminution as compared with 1944 but the number of cases in which dysentery bacilli were demonstrated (863) was higher. In 1944 the prevalence of the Flexner type of bacillus was greater than that of the Sonne type; in 1945 the Sonne type became predominant; but in addition the Newcastle type which was responsible for only occasional cases in 1944, assumed a relatively high prevalence, greater than that of the Flexner type though less than that of the Sonne type.

As in recent years the number of typhoid-paratyphoid and other Salmonella infections (proved in the laboratory) was small. One case of undulant fever due to *B. abortus* was diagnosed in the laboratory.

The "verification" serological test for syphilis introduced a few years ago by Kahn has been again proved of value in cases presenting diagnostic difficulty.

There were 985 water samples examined in 1945. The number of milk samples dealt with was 935, a considerable increase on 1944. In accordance with recent regulations for the laboratory testing of milk, the methylene blue reduction test and the phosphatase reaction have been applied to specimens of pasteurised milk. The introduction of the latter test has also added substantially to the routine work involved in milk examinations.

Of 89 specimens of milk examined for the presence of the tubercle bacillus, 9 were positive.

The tables give numerical details of the work done in all categories and the general results obtained: the examinations for Municipal Hospitals are separately tabulated.

ROUTINE BACTERIOLOGICAL EXAMINATIONS

(including examinations for Municipal Hospitals).

			Total
Swabs from throat, nose and ear examined for <i>B. diphtheriæ</i> ...	Positive	285	3,409
Cultures for <i>B. diphtheriæ</i> : determination of biological types and virulence: ...	Positive	809	2,019
Swabs from throat, nose and ear examined for hæmolytic streptococci and general bacteriological examination	Positive: {	Hæmolytic Streptococci 1,589	
		Vincent's infection 79	4,495
Determinations of serological group of hæmolytic streptococci	Group A	6	10
Sputum examined for <i>B. tuberculosis</i> by the microscopic method*	Positive	628	4,226
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by microscopic method*	Positive	56	470
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens)†	Positive	329	4,983
Animal inoculation of sputum, pus, etc., for <i>B. tuberculosis</i> ...	Positive	160	528
Biological typing of <i>B. tuberculosis</i>	Human type	3	3
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)*			173
Cerebro-spinal fluid for general bacteriological examination including examination for <i>B. tuberculosis</i> (by microscopic method)	Positive {	Meningococcus 21	
		Pneumococcus 4	
		<i>B. tuberculosis</i> 4	245
Blood for Widal reaction (including agglutination test for <i>B. abortus</i>)	Positive {	<i>B. typhosus</i> 6	
		<i>B. paratyphosus B.</i> 3	
		<i>B. abortus</i> 2	52
Blood-clot-cultures from specimens submitted for Widal reaction			42
Fæces and urine‡ examined for organisms of enteric and dysentery groups	Positive {	<i>B. dys.</i> Flexner type 189	
		<i>B. dys.</i> Sonne type 1,046	
		<i>B. dys.</i> Newcastle type 228	
		Organisms of <i>Salmonella</i> group other than typhoid-paratyphoid bacilli 6	
			6,844
Number of cases proved by isolation of specific organisms and/or serological examination to be due to:—			
<i>B. typhosus</i>		2	
<i>B. paratyphosus B.</i>		1	
Other organisms of <i>Salmonella</i> group		5	
<i>B. dysenteriæ</i> Flexner type		103	} 863
<i>B. dysenteriæ</i> Sonne type		601	
<i>B. dysenteriæ</i> Newcastle type		159	
<i>B. abortus</i>		1	
Fæces examined for protozoa and helminth ova	Positive {	<i>Entamoeba histolytica</i> 5	
		<i>Ascaris</i> 2	
			39
Blood for culture (general).	Positive {	Hæmolytic streptococci 1	
		<i>Streptococcus viridans</i> 1	
		<i>Staphylococcus aureus</i> 8	
		Pneumococcus 1	
			114
* After "concentration" of specimen.			
† Negative by microscopic method.			
‡ The numbers given include repeat tests.			
		Carry forward	26,755

	Brought forward	26,755
Blood examined for agglutination of <i>Leptospira icterohæmorrhagicæ</i>		13
Urine examined for <i>Leptospira icterohæmorrhagicæ</i>		1
Pus for general bacteriological examination		176
Urine and fæces for general bacteriological examination		354
Sputum for general bacteriological examination		966
Blood for Wassermann reaction	Positive	87
Syphilis flocculation test—method of Bact. Dept. Edin. University	Positive	94
Syphilis flocculation test—Kahn method	Positive	77
Kahn verification test for syphilis	Positive	19
Cerebro-spinal fluid for Wassermann reaction	Positive	5
Cerebro-spinal fluid for colloidal gold test	Positive	16
Cerebro-spinal fluid for cytological examination, protein, sugar and chlorides		231
Cerebro-spinal fluid for globulin		20
Vaginal, uterine, urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination		
	Positive: Hæmolytic streptococci	80
	Gonococcus	4
		874
Complement fixation test for gonococcal infection	Positive	3
Paul-Bunnell test for Glandular fever	Positive	5
Blood for Weil-Felix reaction		8
Blood for malaria parasites		12
Wound swabs for general bacteriological examination		51
Food for general bacteriological examination		16
Penicillin sensitivity test		20
Serum colloidal gold test		26
Water specimens for bacteriological examination		985
Milk specimens for bacterial count		660
Milk specimens for <i>B. coli</i> content.		819
Milk specimens for methylene blue test		354
Milk specimens for phosphatase test		286
Total milk specimens received for above examinations: 846		
Milk for <i>B. tuberculosis</i> by animal inoculation	Positive	9
Autogenous vaccines prepared		3
Preparation of samples of measles convalescent serum		13
Miscellaneous examinations		24
		89
Total		37,257

EXAMINATIONS FOR MUNICIPAL HOSPITALS.

Western, Eastern, Southern and Northern General Hospitals.	Total
Throat, nose and ear swabs for <i>B. diphthericæ</i>	261
Throat swabs for hæmolytic streptococci and general bacteriological examination	1,146
Sputum, pus, urine, fæces and stomach washings for <i>B. tuberculosis</i> by the microscopic method	713
Cultivation test for <i>B. tuberculosis</i>	686
Animal inoculation for <i>B. tuberculosis</i>	205
Blood for Widal reaction	27
Blood-clot-cultures from specimens submitted for Widal reaction	20
Fæces and urine for organisms of enteric or dysentery group	525
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)	39
	3,022
Carry forward	

					Brought forward	3,622
Blood for Wassermann reaction	...	...	...	...	...	1,744
Syphilis flocculation test—method of Bact. Dept., University of Edinburgh	...	...	...	...	...	1,724
Syphilis flocculation test—Kahn method	...	...	...	...	...	158
Kahn verification test for syphilis	...	...	...	...	...	15
Complement fixation test for gonococcal infection	...	...	...	...	...	59
Cerebro-spinal fluid for Wassermann reaction	...	...	...	...	...	115
Cerebro-spinal fluid for cytological examination, protein, globulin, sugar and chlorides, and colloidal gold tests	...	...	...	...	...	174
Vaginal, uterine, urethral and conjunctival swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	...	...	...	...	...	544
Sputum, pus, urine and fæces for general bacteriological examination	...	...	...	...	...	1,172
Blood for culture	...	...	...	...	...	57
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)	...	...	...	...	...	132
Paul-Bunnell test	...	...	...	...	...	19
Wound swabs for general bacteriological examination	...	...	...	...	...	51
Penicillin sensitivity test	...	...	...	...	...	18
Serum colloidal gold test	...	...	...	...	...	25
Miscellaneous examinations	...	...	...	...	...	50
				Total	...	9,679
Western General Hospital	...	Total	...	4,505	} 9,679	
Eastern General Hospital	...	Total	...	3,092		
Southern General Hospital	...	Total	...	1,983		
Northern General Hospital	...	Total	...	99		

City Hospital for Infectious Diseases.—

					Total
Swabs from throat, nose and ear for <i>B. diphtheriæ</i>	...	...	...	...	8
Cultures for <i>B. diphtheriæ</i> : determination of biological types and virulence tests	...	...	...	...	2,010
Throat swabs for hæmolytic streptococci and general bacteriological examination	...	...	...	...	18
Sputum, pus, urine and fæces examined for <i>B. tuberculosis</i> by microscopic method	...	...	...	...	146
Cultivation test for <i>B. tuberculosis</i>	...	...	...	...	128
Animal inoculation for <i>B. tuberculosis</i>	...	...	...	...	65
Blood for Widal reaction	...	...	...	...	8
Blood-clot-cultures from specimens submitted for Widal reaction	...	...	...	...	7
Fæces and urine for organisms of enteric and dysentery group	...	...	...	...	4,336
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> and meningococcus)	...	...	...	...	201
Blood for Wassermann reaction	...	...	...	...	33
Syphilis flocculation test—method of Bact. Dept., Edinburgh University	...	...	...	...	30
Syphilis flocculation test—Kahn method	...	...	...	...	4
Cerebro-spinal fluid for Wassermann reaction	...	...	...	...	2
Cerebro-spinal fluid for cytological examination, protein, globulin, sugar and chlorides	...	...	...	...	176
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	...	...	...	...	262
Sputum, pus, urine and fæces for general bacteriological examination	...	...	...	...	243
Pleural and peritoneal fluids for general bacteriological examination (including <i>B. tuberculosis</i> by the microscopic method)	...	...	...	...	19
Blood for culture	...	...	...	...	43
Paul-Bunnell test	...	...	...	...	10
Preparation of measles convalescent serum	...	...	...	...	13
Miscellaneous examinations	...	...	...	...	10
				Total	7,772

Royal Victoria Hospital and Dispensary.

	Total
Sputum for <i>B. tuberculosis</i> by the microscopic method	3,126
Cultivation test for <i>B. tuberculosis</i>	2,826
Animal inoculation for <i>B. tuberculosis</i>	229
Stomach washings for <i>B. tuberculosis</i>	254
Blood for Wassermann reaction	108
Syphilis flocculation test—method of Bact. Dept., Edinburgh University ...	86
Syphilis flocculation test—Kahn method	6
Pleural and peritoneal fluids for general bacteriological examination	14
Miscellaneous examinations	11
Total	<u>6,660</u>
Total for Municipal Hospitals	<u>24,111</u>

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, *August 1946.*

To

*The Department of Health for Scotland and
The Right Honourable the Lord Provost,
Magistrates and Council of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1945. The Report also contains a brief resume of the work in the war period.

HOUSING.

During the war years the operation of the Housing Acts was suspended and work under way at the outbreak of hostilities, which related to improvement schemes and slum clearance, gradually came to a standstill except where owners voluntarily undertook closure of insanitary properties. As a result, however, of the gradual completion of the work in hand and the voluntary closure of properties, 573 houses were vacated, 365 houses were demolished and 2,195 persons were rehoused.

The lady sanitary inspectors responsible for house-to-house inspection in Corporation housing schemes were set a difficult task to prevent as far as possible the decline of pre-war standards of domestic and communal hygiene. The removal of railings and the erection of air-raid shelters did much to discourage tenants' interest in the amenity and orderliness of their environment. In addition back-greens, gardens and front plots were submitted to abnormal usage under the black-out and air-raid conditions. The occupants of the houses too were so occupied by the innumerable duties and long hours of war work and civil defence that the hours normally devoted to matters of cleanliness and hygiene were seriously curtailed. The depletion of the male staff of the inspectorate also threw a heavier burden upon the lady sanitary inspectors. The appointment of a temporary staff of shelter inspectresses became imperative to assist under these circumstances. Their regular visits had a beneficial effect in maintaining cleanliness of the shelters.

GENERAL SANITATION.

Nuisances and Sanitary Improvements.—Over the war period, 19,312 nuisances were intimated to the Department by citizens, and 591 by Corporation Departments. To these figures have to be added 35,913 nuisances discovered and reported by the district sanitary inspectors. In all, therefore, 55,807 nuisances and structural defects were removed or remedied, which gives a war average of 7,972 complaints dealt with annually compared with 11,481 in the immediately preceding peace year of 1938.

Of the total number of insanitary conditions dealt with, 4,780 repairs and clearances of drains were effected; 4,894 cisterns were cleaned and water pipes repaired or renewed; 2,673 structural repairs were carried out on properties; and 43,459 nuisances removed or abated, including the removal of accumulations of rubbish, the cleansing of dirty stairs and back courts, the abatement of back-smoke in dwellings and the extermination of rodents, bed-bugs, cockroaches and other insects.

As the war lengthened, a variety of factors increasingly hampered the work of the Department. At the commencement of hostilities, a heavy loss in staff had to be borne by the enlistment "en bloc" of no fewer than 12 members. In addition, two members were seconded to Civil Defence duties while the office of Fuel Overseer came under the personal charge of the Chief Sanitary Inspector. Later, death, and the retirement of senior inspectors depleted the staff by a further 5 members. New appointments and additional "call-up" notices latterly reduced the staff to the barest possible minimum to face conditions which from a sanitary standpoint were progressively deteriorating.

Environmental hygiene received a serious set-back, particularly in the latter years of the war, due to the great lack of labour for the cleansing of back courts and the removal of rubbish from cellars and private places. Domestic cleanliness likewise deteriorated as a result of the response made by housewives to calls for labour in factories, shops, offices and other business premises. To the women thus engaged, the fatigue and time-absorbing factors involved in travelling, working and shopping left little or no time or inclination for the performance of household duties especially under the difficulties of black-out restrictions. In these circumstances, falling standards were only to be expected. Properties also suffered severely from wear and tear, and householders had to forego repairs, painting and papering during the height of the emergency because of lack of labour and materials—only essential repairs being executed.

Despite all these most difficult conditions, unreasonable insistence on the application of the letter of the law was not infrequently demanded of the Department. Legal action, however, was confined to cases where negligence of statutory requirements was likely to endanger the public welfare. In this respect no less than 40 offences were brought to the notice of the Courts and fines imposed in sums totalling £75, 19s. These cases concerned failure (1) to keep houses and stairs clean and wholesome; (2) to remove sanitary defects in properties; (3) to give entrance for inspection; (4) to register (a) for the sale of ice-cream and (b) a common lodging-house, and (5) to observe the requirements of the Byelaws for Seasonal Workers.

RAT DESTRUCTION WORK.

With a view to safeguarding the food supply as much as possible, special measures were taken during the war period to deal with premises infested by rats. It was found that reserves of food, especially grain, were often stored in unsuitable premises, and as these places were usually packed to capacity, it was sometimes difficult to detect infestations in their early stages and to carry out rat destruction. The action taken, however, undoubtedly prevented much spoilage of essential foodstuffs.

The drive for salvage of food waste gave rise to complaints of rat infestations, due in some cases to the unsuitable position of the storage bins. This was usually remedied by finding alternative positions for the bins. Generally, however, the rats had been attracted by the careless manner in which the bins had been used by the public.

Another cause for an increase in the number of premises infested by rats was the lack of manpower and material to maintain property in good repair. The execution of major structural work, as well as the renewal of drains and sewers, has been especially difficult and delays of many months have not been uncommon.

An outstanding feature has been the large increase in the black rat population in the City. Before the war infestations by black rats were rare, except in the immediate vicinity of Leith Docks, but in recent years they have spread to other parts of the city, mainly in industrial areas. These rats differ in their habits from the more common brown rat; they do not live in drains or burrow in the ground but are active climbers and inhabit the higher parts of buildings. Probably many infestations by black rats take place from roof to roof. While it is difficult to account for the movements of rats it is likely that the influx of black rats is due to the increase of machinery and other materials imported to this country in crates, which would, of course, provide harbour for the vermin.

The inspectors engaged in this work visit infested premises, advise occupiers as to the most suitable methods of dealing with infestations and administer the provisions of the Rats and Mice (Destruction) Act, 1919. In the years 1941 and 1942, the Department of Agriculture for Scotland developed an organisation for rat destruction in blitzed areas and this was extended in 1943 when a staff of trained rat-catchers was made available to local authorities. These men were employed in special campaigns for rat destruction throughout the city and the arrangements for their employment and recovery of the cost of their work from occupiers were carried out by the Sanitary Department. In 1943 the Rats and Mice (Scotland) Order came into force and augmented existing legislation. This involved the preparation of a report showing the incidence of infestations throughout the city and the measures being taken to deal with them.

A further Order, namely the Rats (Scotland) Order, was made in 1944, making it obligatory for stacks of grain to be surrounded by netting during threshing operations. The co-operation of the Chief Constable and his staff has been of considerable help in enforcing this Order.

SMOKE ABATEMENT.

Smoke abatement activities during the war years were almost at a standstill. In fact there was a complete reversal of policy for several years during which efforts were directed to encourage smoke emission for security reasons. Prior to the end of the war in Europe, however, this policy ceased and the various smoke enactments for the control of industrial smoke were again nominally in operation. Since that time little practical smoke abatement work has been possible, owing mainly to the prevailing fuel position. Conditions in this respect continue to be chaotic so far as types and grades of fuel are concerned, with the result that many

plant users are having to burn types of fuels which are unsuited to their conditions. In consequence of this position any attempts to enforce existing regulations prove to be very difficult. Meanwhile efforts are being made to revive the anti-smoke conscience which existed prior to the war.

A series of lectures, held under the auspices of the Ministry of Fuel and Power in the Heriot Watt College, was well attended by boiler attendants and engineers. While the main object of these lectures was fuel economy the instruction given in the act of fuel firing was also beneficial from the point of view of smoke abatement.

SHOPS ACTS, 1912-1938.

Inspections of shops for the years 1939-1945 were necessarily restricted owing to a depleted staff.

Contraventions.—Contraventions during these years in regard to trading after hours were practically eliminated by the application of the black-out, and the fact that most commodities were in short supply.

Winter Closing Hours.—Under the Defence (General) Regulations, 1939, Regulations 60A and 60AB, temporarily amended the Shops Act, 1928, relating to the general closing hours of shops during the winter months November to March. The general effect of this Regulation is to fix the closing hours (with certain exemptions) at 7.30 p.m., as the late day, and 6 p.m. on other days. Powers were also given local authorities by order to vary these hours within certain limits.

In Edinburgh the local authority exercised these powers and made an order dated 10th November 1939 fixing the closing hours for hairdresser or barber shops at 7 p.m., and other shops (with certain exceptions) at 6.30 p.m. for all days except Saturday. This order was revoked on 17th March 1940 and the general closing hours resumed.

On 14th November 1940 another order was made fixing the closing hours (with certain exceptions) at 6.30 p.m. on Fridays, and 7 p.m. on Saturdays.

Thereafter a closing order was made by the local authority each winter, 1941-1945 inclusive, fixing the closing hour (with certain exceptions) at 7 p.m. for Saturday (the late day) and for the business of hairdresser or barber 7 p.m. each day. These orders were effective from November to the beginning of March each year, after which they were revoked and during the remainder of the year the general closing hours applied.

Catering Establishments, etc.—The Minister of Food made an Order in May 1942 under Regulation 55 of the Defence (General) Regulations 1939, which, *inter alia*, provided that no catering establishment would be permitted to supply food between the hours of 11 p.m. and 5 a.m. This Order is still operative and has the effect of nullifying the exemption from closing hours under the Shops Act, 1928, of the sale of meals or refreshments as far as affected by this Order.

Half-Holiday Orders and Closing Orders.—In January 1940, at the request of fishmongers, an Order was made by the local authority which extended to fishmonger shops (an exempted trade) the provisions of Section 4 of the Shops Act,

1912, relating to the weekly half-holiday. In July 1940 a weekly half-holiday Order was made which required all fishmonger shops to be closed at 1 p.m. on Monday.

At the request of hairdressers a Closing Order was made in July 1940 which had the effect of requiring all hairdresser and barber shops to be closed every week-day at 7 p.m.

Excluding the various Orders of a temporary nature in connection with winter closing hours the number of Orders is now 49.

Christmas and New Year Periods.—It was customary each year for the Secretary of State to exercise his power under the 1928 Act to suspend the operation of the provisions relating to general closing hours during the Christmas and New Year periods. For the years 1939-1945, however, this power was not exercised and the general closing hours remained in operation at these periods.

Arrangements for Health and Comfort.—Improvements carried out under these provisions of the 1934 Act, and other improvements, were necessarily limited, not only because of a reduced staff, but also owing to a scarcity of material and labour.

Food Shops.—Applicants to the Local Food Control Committee for licences to commence business, or to transfer business are advised by the Ministry of Food to approach the local authority with a view to ascertaining whether the shops they propose to occupy for the sale of foodstuffs comply with any Statute, Regulation or Bye-law which may be in force. Close touch has consequently been maintained with the Local Food Executive Officer in regard to this matter and many shops have been inspected. Some of these shops have had to be reported upon as unsuitable and practically all the remainder were reported on as being capable of being made suitable provided certain specified works were carried out.

FACTORIES ACT, 1937.

For the year 1945 the number of inspections of factories with power was 1,511, and of factories without power, 263, a total of 1,774. Improvements effected under Part I, Health (General Provisions), of the Act numbered 791 which included 228 in bakehouses. There were also 49 miscellaneous defects remedied.

This report covers the years of war and necessarily deals with many of the problems of that exceptional period, particularly in connection with sanitary accommodation which is solely the concern of the local authority.

One of the main difficulties was related to the employment for the first time of female labour in many factories, or to substantial increases in the number of employees of both sexes. This gave rise to the necessity for providing separate and additional sanitary and cloakroom accommodation. The position was made worse by the fact that floor space had already been restricted by pressure of work and the additional numbers employed. This called for careful planning by architects, builders and inspectors and much time was taken up in meetings and consultations.

In many cases it was found that the sanitary accommodation in factories from the point of view of construction and situation was far from satisfactory and obsolete types of fittings had often to be scrapped.

The lack of sufficient labour and materials often mitigated against the carrying out of many desirable improvements and substitute materials of a less suitable nature had sometimes to be used, thus causing a lowering of standards. Much necessary painter work has also fallen into arrears.

Importance is attached to the regular and thorough cleansing of sanitary accommodation particularly where it is provided for large numbers, and negligence in this matter was very often noted. Almost invariably the reason advanced for this state of affairs was lack of labour and the difficulty of making employees perform the disagreeable task involved. Further, under the pressure of war work adequate supervision was not always maintained and this resulted in a low standard of cleanliness.

There was also much damage done to fittings, including removal of lighting bulbs and other material. In some cases where large sums of money had been expended by the employers in providing amenities for the health and comfort of the workers, there was evidence of a complete lack of appreciation by the latter. In one case, the manager stated that the recently-fitted chromium-plated taps to washhand basins were wrenched off for sale as scrap. It may be that much of this depreciation was caused by irresponsible youths, nevertheless it caused bitter disappointment to those employers. Blackout conditions also adversely affected the proper cleansing of sanitary accommodation and artificial lighting was not always sufficiently effective.

Bakehouses.—The desirability of frequent inspection of bakehouses in the interest of general cleanliness cannot be too strongly emphasised, and accordingly those premises have been visited at least once every six months. In any case, the requirements of the Factories Acts in regard to six-monthly limewashing, or washing down of walls of all bakehouses necessitates a visit at this interval. In this connection, it has to be reported that at one period during the war limewashing could not be carried out owing to a shortage of lime, and sizepainting had to be resorted to instead. This difficulty has now been overcome, although oil paint is still in short supply and surfaces which require to be repainted every seven years are merely being washed down every six months.

A good standard of general cleanliness is difficult to obtain in many bakehouses because of restricted floor space. Frequently businesses which commence as "home bakeries" gradually increase their turnover, employ additional workers, and the occupiers, being reluctant to leave a shop where they have become established, struggle along under various handicaps which follow on lack of space. This condition is often worsened by the installation of additional equipment which further restricts floor space. In conflict with this desire of the occupier to install up-to-date plant is the need to allocate space to provide sufficient sanitary accommodation, which is often lacking, particularly where both sexes are employed. Suitable cloakrooms for changing of clothes are now also required, thus intensifying the problem. In some cases, the occupier has removed to larger premises.

Whenever opportunity offers, such as in cases of removal mentioned above, efforts are made to get the occupier to install gas or electric ovens in place of the coke oven which causes so much dirt and untidiness in bakehouses.

Several fittings for the improved supply of hot water have also been installed at the instance of the inspectors.

Satisfactory ventilation was difficult to obtain during the blackout, the time when most bakers were busily employed. Happily, normal conditions of ventilation have now returned.

The general improvement of conditions in bakehouses is a slow process which has to be effected mostly by educating and persuading the occupier, but it is hoped gradually to achieve a still higher standard of hygiene.

SALE OF FOOD AND DRUGS ACTS, Etc.

During the war years, 8,308 samples of food and drugs were submitted to Dr. A. Scott Dodd, B.Sc., Ph.D., F.R.I.C., F.C.S., F.R.S.E. City Analyst. for chemical analysis. These consisted of 2,875 statutory or official samples and 5,433 informal or test samples

Of the statutory samples, 2,646 or 92·04 per cent. were reported as genuine and 229 or 7·96 per cent. as failing to comply with the legal requirements. Comparing these figures with those for the pre-war years 1932 to 1938 there was no marked increase in adulteration.

Milk.—The highly nutritious value of the milk of the cow as an article of food in war time was fully emphasised by the Government's policy to maintain and increase its production and to stimulate its use by consumers whose need was the greatest, namely mothers and children. After the demands of these and certain other priority classes had been met the balance was available for distribution as a standard weekly allowance to the remainder of the population. This allowance to non-priority consumers was curtailed as production fell in the winter months. It was, therefore, extremely important to ensure that consumers' limited supplies were not deprived of essential food value.

There are few articles of food more liable to be adulterated than milk, and consequently a greater number of milk samples were taken. Of the statutory samples, 1,255 were of sweet milk and of these the City Analyst reported 1,101 or 87·7 per cent. to be genuine and 154 or 12·3 per cent. to be adulterated either by the abstraction of fat or the addition of water or both. The yearly percentage of milk samples reported as adulterated during the war varied from 7·8 per cent. to 16·1 per cent., while in the 1932 to 1938 period they varied from 5·6 per cent. to 25 per cent. Taking the degree of adulteration, the largest amount of added water found in any sample was 22 per cent., while 44·4 per cent. of the samples reported adulterated contained 3 per cent. or less of added water.

The yearly average amount of milk fat, inclusive of adulterated samples ranged from 3·43 to 3·73 per cent. compared with the present presumptive standard of 3 per cent.

Legal action was taken against 35 producers and one retailer, 30 of whom pleaded guilty. Of the six producers who pleaded not guilty one was acquitted. The total fines imposed amounted to £410. With the exception of two Midlothian producers who were convicted two and four times respectively, the convictions were all for first offences. The leaky condition of milk coolers was the most frequent excuse for the addition of water in the milk.

Samples of "Tuberculin Tested" milk as supplied to children under the Milk in Schools Scheme were obtained and submitted for chemical analysis. The yearly average milk-fat content ranged from 3.49 to 3.83 per cent.

A report which has proved helpful to every one interested in detecting the adulteration of milk by the addition of water was published in 1945. The sub-committee of the Department of Health for Scotland's Advisory Committee, of which Dr. A. Scott Dodd, the City Analyst, was a member, reported on the Freezing Point (Hortvet) Test method of detecting added water in milk. It is an authoritative appraisalment of the test from a scientific standpoint.

Other Foods.—The need for statutory standards of composition to be extended to a larger number of foodstuffs was frequently advocated before the passing of the Food and Drugs Act, 1938. The wartime shortage of supplies greatly accentuated the need for these standards. In the 1938 Act, the Minister of Health was empowered to regulate the composition of food and to make regulations requiring the labelling or marking of the wrappers or containers enclosing various kinds of food but, due to the outbreak of hostilities, he did not exercise his powers. These powers were later conferred on the Minister of Food on his becoming responsible for the nation's food supply. Some very important regulations and orders were thereafter made with a view to the control of food adulteration.

Following the appearance on the market of substitutes for practically every article of unobtainable food, the Minister of Food introduced in 1941 the Food Substitute (Control) Order. While no objection could be taken to some substitutes, many were worthless or at least of doubtful value. The Order, by restricting the manufacture of food substitutes to persons licensed by the Minister of Food, prevented the manufacture and sale of fraudulent articles.

Under powers conferred on him by the Defence (Sale of Food) Regulations, 1943, the Minister made separate Orders prescribing standards of composition for each of the following foods:—mustard, self-raising flour, shredded suet, baking powder and golden raising powder, preserves, liquid coffee essence, and salad cream and mayonnaise. In addition to these fixed standards, the Minister when he considered it was in the public interest to ensure that a certain standard of quality should be maintained for any article of food, made provision for that purpose in the relevant maximum price order. These provisions as to composition, contained in the price control orders, were amended or revoked from time to time according to the availability of supplies of the various constituents.

To protect the public against false and fraudulent claims regarding the quality of foodstuffs, the Labelling of Food (No. 2) Order, 1944, was made under the Defence (Sale of Food) Regulations, 1943. The Order requires, in addition to other information, that the label for pre-packed foods shall indicate the true nature of the ingredient or ingredients of which the food is composed.

Of the statutory samples of foods, other than milk, adversely reported on by Dr. A. Scott Dodd, City Analyst, 47 were of mince or sausages which contained either sulphur dioxide or excessive amounts of sulphur dioxide contrary to the Public Health (Preservatives, etc., in Food) Regulations (Scotland) and 11 were of whisky with reductions in alcoholic strength of more than 35 degrees under

proof. In addition exception was taken to the composition of the following articles :—

Bread and Butter.—One sample contained no butter, the fatty portion consisting of margarine. The restaurateur pleaded guilty and was fined £1.

Dried Fresh Eggs.—One sample contained a fairly large proportion of starch which is not present in eggs. The complaint against the firm of grocers who sold the article was dismissed on their pleading “ a warranty.” Subsequently a complaint was served upon the manufacturers charging them with giving to a wholesale firm in the City “ a warranty ” in writing which was false. An agent on behalf of the manufacturers pleaded guilty to this charge and a fine of £3 was imposed.

Pure “ New laid ” Dry 100 per cent. Egg.—One sample was not “ 100 per cent. Egg ” as it contained more than 20 per cent. of wheat starch. The grocer pleaded guilty and was fined £1.

Milk Powder Substitute.—One sample consisted of a mixture of wheat flour, common salt and milk sugar and was deficient in nutritive value. The grocer pleaded not guilty, relying on “ a warranty ” from a firm of wholesalers and was acquitted.

Milk Powder.—One sample was deficient in nutritive value, being composed mainly of starchy matter, common salt and milk sugar. The powder was displayed in a glass jar labelled “ Milk Powder, 9d. per quarter, equal to 2½ pints of milk.” An agent on behalf of the licensed grocer pleaded guilty and a fine of £3 was imposed.

Mince.—One sample was found on analysis to contain at least 10 per cent. of minced sheeps “ lights.” The butcher pleaded guilty and was fined a sum of £5.

Ice-Cream.—In 1939, thirty-six samples of ice-cream, 18 from shops and 18 from barrows, were purchased with a view to ascertaining the quantity of milk fat contained therein. The average amount of milk fat found in the samples taken from shops was 3·54 per cent. and from barrows 2·18 per cent. The amount of fat in the respective samples varied from as low as 0·41 per cent. to as high as 11·97 per cent. Nineteen of the samples taken contained less than 3 per cent. of milk fat, and of these 11 fell below 2 per cent.

From 1st October 1942 to 16th November 1944 the manufacture and sale of this commodity was prohibited.

In 1945, thirty-two samples of ice-cream were procured from various shops, stalls and barrows, and these were submitted to the City Analyst for chemical analysis. The amount of fat varied from as low as 0·11 per cent. to as high as 3·81 per cent. Twenty-four of the samples contained less than 2·00 per cent. of fat and of these fourteen fell below 1·00 per cent.

Twenty-four of the samples were also submitted to the City Bacteriologist for bacteriological examination. The results showed some very high bacterial counts as well as the presence of coliform bacilli, the counts varying from 15,000 to

approximately 800,000 per c.c. Thirteen of the samples had bacterial counts of over 500,000 per cc. and eighteen had coliform bacilli present.

These results emphasise the need for the adoption of reasonable standards for ice-cream.

The Fertilisers and Feeding Stuffs Act, 1926.—It is most gratifying to report that, of 50 samples of scheduled feeding stuffs and 10 samples of fertilisers taken in the prescribed manner for the purpose of analysis by Dr. A. Scott Dodd, the Agricultural Analyst, only one did not conform with the statutory statement. The sample which was not of satisfactory composition was one of "Ewe Food," taken a few months before hostilities commenced, and found to be below the guarantee in oil and albuminoids.

Rag Flock Acts, 1911 and 1928.—Twenty-six statutory samples of rag flock were procured at premises where rag flock was made or used, and submitted for chemical analysis. The standard of cleanliness in all but four instances was within the limits specified by the Rag Flock Regulations (Scotland) 1912. In the four unsatisfactory samples the amounts of soluble chlorides in terms of chlorine found were 215, 100, 55 and 51 parts respectively per 100,000 parts of flock, compared with the maximum of 30 parts of chlorides allowed under the Regulations. In the first unsatisfactory sample, legal action was taken against a rag flock manufacturer, and in the second against the proprietor of upholstery works for having in his possession flock manufactured from rags which did not conform to the prescribed standard of cleanliness. The quantity of soluble chlorides, viz., 215 parts, found on analysis in the rag flock which the manufacturer had in his possession for sale showed that the flock was in a dirty condition and had never been washed. The flock was second-hand material which was said to have been reconditioned. By reconditioned was meant that it had been resealed and dusted. The rag flock in the possession of the proprietor of the upholstery works was also second-hand material and was found to contain 100 parts of soluble chlorides per 100,000 parts of flock. Both pleaded guilty and were admonished.

Large quantities of bedding and pillows used by many wartime services are now surplus to requirements and their possible reuse without any cleansing whatever can only be viewed with the greatest concern. In the interests of public health it is desirable to prevent the use of second-hand filling materials which have not been efficiently cleansed or sterilised.

Rag flock when used or intended for the purpose of making any articles of upholstery, cushions and bedding is the only filling material which is required to conform to a standard of cleanliness. The present prescribed standard, however, is not altogether satisfactory, as filthy rags can without washing be made to comply by soaking only in cold water.

In 1943, a sample of utility cotton-felt was found to contain 50 parts of soluble chlorides per 100,000 parts of felt. Somewhat similar materials have been submitted for chemical analysis from time to time, and the results have demonstrated the need for extending the Rag Flock Acts to include all filling materials used in the manufacture of bedding, upholstery and toys.

Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.— The number of applications received from 1939 to 1945 from persons or firms desirous of being registered by the Local Authority was 368, 369, 368, 334, 290, 301 and 322 respectively. These were all registered and visits made to the various premises to ensure that the provisions of the Acts were receiving attention.

MILK TESTING SCHEME.

In 1943, the Secretary of State for Scotland invited the co-operation of local authorities in the operation of the Scottish Milk Testing Scheme, the purpose of which was to improve the keeping quality of milk. On the suggestion of the Department of Health for Scotland, a milk officer was appointed in Edinburgh.

At first, the work was mainly concerned with taking samples from dairy shops or on delivery to the public and submitting these to the methylene blue test to ascertain the keeping quality. Unsatisfactory samples, and complaints from consumers were investigated and dealt with. Later, the work was extended to include monthly sampling of pasteurised and tuberculin tested milks for bacteriological examination and keeping quality test. This was followed by the submission of samples of pasteurised milks to a phosphatase test to determine whether pasteurisation had been efficient.

Frequent visits were made to the creameries where samples were taken to ascertain the sterility of the plant, bottles and other utensils. Samples were also taken of milk arriving at the creameries by road or rail from unsatisfactory producers and the results forwarded to the respective local authorities. Considerable difficulty was experienced at the creameries and larger dairies during the war period in maintaining the keeping quality of the milk. This was mainly due to depleted staffs, unsatisfactory workers, shortage of bottles and difficulty in obtaining new equipment. These difficulties were accentuated by the considerably increased turnover of milk handled at the creameries. Many of these difficulties however, are being gradually overcome, and the premises and plant at one or two of the creameries are now in course of being extended and re-equipped.

PORT SANITATION.

With the outbreak of war in 1939 the work of the Port Sanitary Inspectors presented new problems. The multiplicity of ship-owners was unified in one central management under the Ministry of War Transport. A good standard of cleanliness aboard ship, and the health of crew and personnel had to be maintained in spite of the many difficulties imposed by war conditions, the most troublesome being the blackout. The ships had to be turned round with all possible speed and much work which, in peacetime, was done during the day had to be undertaken during the blackout.

It was found that the crews would no longer tolerate dirty and verminous conditions on board ship. They also refused to enter and undertake the cleaning of verminous and dirty quarters. The accommodation had to be disinfected and cleaned prior to new crews being shipped. Whilst always endeavouring to maintain the balance between working conditions and matters of relaxation, much good work was done to raise the standard of comfort in crews' quarters and add a

touch of homeliness. Rat repressive measures were carried on throughout the war years both in the dock area and on board ship.

No statistical figures of arrivals and sailings were published for security reasons, but throughout the entire period the docks were maintained in a very cleanly state considering the tremendous volume of traffic.

STAFF.

I desire to express my cordial appreciation of the co-operation and enthusiastic services rendered by Mr James F. Anderson, Depute Chief Inspector, and all the members of the staff during a very difficult period.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

ALLAN W. RITCHIE, M.B.E., F.R.San.I., F.R.S.E.,
Chief Sanitary Inspector.

SANITARY DEPARTMENT.

REPORT BY THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1945.

Complaints by citizens	Total
Complaints by other departments	2,912
Nuisances discovered and reported by District Inspectors	50
	2,988
	<u>5,950</u>

CLASSIFICATION OF NUISANCES.

Drainage and Sanitary Appliances.

Drains cleared or repaired and sanitary appliances renewed or repaired ...	491
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Water Supply.

Cisterns cleansed and water pipes repaired or renewed	369
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Repairs to Houses.

Repairs to floors, windows, doors, walls, etc.	259
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Nuisances Removed.

Nuisances due to smoke, flooding, overcrowding, rats and other causes	4,831
	<u>5,950</u>

Prosecutions.

Dirty houses (2).

Total Prosecutions	2
Total Fines imposed	£2

HOUSING.

Slum Clearance and Redevelopment.

Houses vacated	7
Persons displaced	25
Houses demolished	—

Prosecutions.

Re-letting uninhabitable houses—2. Fine imposed—£5. One case admonished

SHOPS ACTS 1912-32.

Inspections of retail and wholesale shops including warehouses	726
Contraventions regarding hours of employment, closing order, etc.	7
Improvements effected in sanitary accommodation, washing facilities, heating and other sanitary matters	30
Convictions obtained in prosecutions	—
Total fines imposed	—

FACTORIES ACT, 1937.

Inspections of Factories with mechanical power	1,511
Inspections of Factories without mechanical power	263
Sanitary and miscellaneous improvements effected	840

SALE OF FOOD AND DRUGS ACT, ETC.

Total Samples of Food and Drugs taken	970
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Milk.

Statutory samples of Sweet Milk taken	189
Samples reported adulterated	18
Prosecutions	2
Total fines imposed	£35.

Other Foods.

Statutory samples taken	176
Samples reported adulterated	2
Prosecutions	1
Total Fines and Expenses	£1, 10s.

The Fertilisers and Feeding Stuffs Act, 1926.

Statutory samples taken	7
Samples conforming to the provisions of the Act	7

The Rag Flock Acts, 1911-1928.

Samples of Rag Flock taken	3
Samples which conformed to the prescribed standard of cleanliness	2
Prosecutions	—

MILK TESTING SCHEME.**Number of Milk samples taken for Bacteriological examination.**

Certified (Bottled)	28
Tuberculin Tested (Bottled and bulk samples)	123
Tuberculin Tested (As supplied to schools—bottled)	50
Tuberculin Tested (Pasteurised)	6
Tuberculin Tested (Pasteurised—as supplied to schools—bottled)	2
Pasteurised (Bottled)	129
Plant samples	136
Sterility Tests	53
Rail Milk	34
Ordinary	51
Biological Samples (Negative, 39; Positive, 4; Inconclusive, 1)	44

Number of Milk Samples Examined for "Keeping Quality."

Certified	19
Tuberculin Tested	56
Tuberculin Tested (as supplied to Schools)	40
Plant samples	49
Rail Milk	14
Ordinary	245

 1,079
PORT SANITARY INSPECTION.

Ships boarded and inspected	947
Nuisances discovered and removed, including lack of cleanliness in living quarters, galleys, food stores and pantries, defective sanitary appliances, and the presence of rats, and other vermin	423
Baits laid for the destruction of rats in the dock areas	9,000

VETERINARY DEPARTMENT.

REPORT BY THE VETERINARY INSPECTOR.

Milk and Dairies (Scotland) Act, 1914.

Visits to dairy premises	337
Newly-calved cows inspected in the Markets before being offered for sale	483
Premises on the Register at 31st December	38
Cowsheds on these premises	62
Average number of cows accommodated therein	1,278
Certificates of Registration cancelled	—
Certificates of Registration transferred to new tenants	2
Premises licensed under the Cattle-sheds in Burghs (Scotland) Act, 1866	22
Average number of cows accommodated therein	76

Milk (Special Designations) Order (Scotland), 1936.

Producers' licences in force during 1945 :—

Standard	10
Certified	2
Tuberculin-Tested	1

Bacteriological examination of Milk.

Number of samples (produced within the City) examined for count and coli:—

Certified	6
Tuberculin tested	6
Standard	71
Ordinary	123
Milk to City Hospitals	9

Number of samples (produced within the City) submitted to Methylene Blue Test (test for keeping quality)

200

Biological Test for Tuberculosis.

Bulk Milk Samples (produced within the City) subjected to test:—

(Brought forward incomplete at the end of 1944)	6	Neg.	5	Pos.	1
Tested and completed at 31st December 1945	42	,,	38	,,	4
Remaining under Test at 31st December 1945	16				

64

INSPECTION OF MEAT AND OTHER FOODS.

Gorgie Abattoir.

Class of Animals.	Number of Animals.			Weight (in lbs.) of Condemed Meat and Offals. (Offal Weights Estimated).
	Slaughtered.	Wholly Condemed.	Partially Condemed.	
Cattle	29,175	554	1,179	601,200
Calves	13,113	120	5	7,342
Sheep & Goats	134,167	355	656	33,396
Swine	10,251	344	143	54,584

Retail Shops, Street Hawkers, Etc. :—

Visits during the year	...	...	...	...	...	...	...	...	6,852
Foodstuffs seized in Markets, etc.	...	...	...	...	...	...	...	...	347,243 lbs.

Public Health (Meat) Regulations :—

Certificates of Approval granted in respect of accommodation provided for the storage of meat overnight, by persons who do not keep an open shop :—

Renewals during 1945	...	...	...	...	...	...	...	6
New Certificates granted	...	...	...	...	...	...	...	—

Imported Foodstuffs inspected under the Public Health (Imported Food) Regulations (Scotland), 1937 :—

Number of Consignments	122
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Imported Foodstuffs condemned or rejected and re-exported at the Port of Leith

...	313,491 lbs.
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Summary, showing total diseased and unsound foodstuffs dealt with by the Department, in the City, during 1945 :—

	Weight in lbs.
At Abattoir—Carcases	... 419,762
Offal (weight estimated)	... 276,760
In Shops, Warchouses, etc.	... 347,243
At the Port of Leith	... 313,491
	1,357,256

Equal to - 605 tons, 18 cwts., 1 qt., 12 lbs.

